Vol. XX. No. 3

THE CANADIAN NURSE

AND HOSPITAL REVIEW

Owned and Published Monthly by the Canadian National Association of Trained Nurses

PRINTED BY EVANS & HASTINGS, VANCOUVER, B. C.
Registered at Ottawa, Canada, as Second-Class Matter

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MAR 10 1924
UNIVERSITY OF TORONTO

MARCH, 1924

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All Communications to be addressed to the Editor and Business Manager, Vancouver Block, Vancouver, B. C.

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Entered as second-class matter March 19, 1905, at the Post Office at Buffalo, N.Y., under the Act of Congress of March 3, 1897.

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THE

CANADIAN NURSE

A Monthly Journal for the Nursing Profession in Canada

Editor and Business Manager.....MISS HELEN RANDAL, R.N.

VOL. XX. VANCOUVER, B. C., MARCH, 1924 NO. 3

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National Memorial Committee

A meeting of the National Committee was held in the residence of the Toronto General Hospital on Tuesday, January 29th, at 2 p.m.

Miss Gunn presented a letter from Mr. Cleveland, of our Advisory Committee, enclosing a draft of the instructions for the final stage of our competition, together with a blueprint of the architectural frame in which the panel is to be placed in the Parliament buildings. The National Committee approved of the instructions and instructed the Secretary to send those to the three sculptors who are working in the final stage of the competition.

E. K. RUSSELL,
Secretary.

Treatment in Heart Failure

The physician's best results are obtained in the treatment of early cases of heart failure. Treatment is advisory rather than medicinal, and the patient may have many years of health and comfort if the advice is followed. The physician gauges how much each patient may do safely, and permits him to do as much as his reserve force will allow him without inducing exhaustion. In heart lesions that are not progressive the patient follows his trade or profession, so long as it does not involve over-exhaustion of the reserve force, and indulges in such exercise as he can in comfort, avoiding all forms of effort that induce distress. When effort that may involve strain has to be undertaken, a period of rest should follow sufficient to permit full recuperation. By following this course, the heart itself will benefit by the judicious exercise of its functions, and the patient will be freed from the restrictions of an invalid life. If the heart failure still persists, periods of rest must be increased and remedies that may help the heart administered.

To sum up the general treatment, rest of the myocardium is the first essential. Except in the acute infections, in the toxemias, and in arterio-sclerosis, the administration of the digitalis group of drugs is indicated. This group is useful when the heart rate is increased and exhaustion is due to this cause.

In the acute toxemias and infections, digitalis does no good. Codeine or morphine sulphate, together with elimination of the toxins or lessening the virulence of the infections, are the indications. Caffeine sodium benzoate and camphor are frequently used in these conditions as stimulants. The ice bag over the precordium sometimes eases the discomfort of the patient. After the acuteness of the condition has passed, these patients must be kept at rest for a long period of time with a gradual increase of effort when the heart muscle improves.

Digitalis does not give as good results in cases of arterio-sclerosis as in younger hearts; in these cases we have to depend upon improving the general nutrition of the patients. These are the cases which improve with the judicious use of alcohol, together with easily digested, nutritious foods furnished in small quantities frequently.

The administration of large doses of digitalis within 24 or 36 hours is one of the methods being used at present. Wyckoff, of Bellevue, states that, in order to digitalize a heart, 2 minims of an active tincture per pound of body weight is necessary, and he uses these amounts. This may be given in 1 dram doses every 6 hours until the necessary amount has been given, then continuing 20 minims daily, as this is the amount eliminated every 24 hours. Pardee, of Cornell, gives 1 minim per pound of body weight, and 20 minims daily thereafter. At the Kings County Hospital we have been following Wyckoff's method in many cases with good results. At the beginning of treatment of the severe cases we always use

morphine sulphate in doses sufficient to get results, sometimes ¼ gr., sometimes 1-6 gr. Then we give 1-12 or 1-16 gr. M. S. with each dose until the heart is steadied, always giving the dose as needed by the condition.

Digitalis does not always give the best results; sometimes some form of strophanthus seems to act with greater success. Dr. Cornwall uses strophanthus or strophanthin almost exclusively in his cases of cardiac patients.—MOSES in *Long Island Medical Journal.*

CHINA

The National Conference of the Nurses' Association of China was held in Canton from January 31st to February 6th, 1924. This opened with an address of welcome by the Governor, Lin Chung Hoi.

Papers were read on: "How can the N.A.C. best meet the needs of the Chinese nurses?" "Health Centres, Kitchens and Laundries," "Shall we have a N.A.C. Home and a full-time nurse Translator?" "What post-graduate courses can we offer to our N.A.C. graduates?" "How can the Nursing Schools best develop Christian character and ideals of service in student nurses?" with other papers and discussions on the missionary aspect of nursing. Excursions were taken to David Gregg Hospital, Canton Christian College, Hospital for the Insane, Canton Hospital, large Chinese Hospital, etc.

Reports of committees, reports of progress, etc., made the conference a most useful and helpful one.

Plans for the observance of 1924 National Hospital Day, May 12th, are being prepared by the National Hospital Day Committee, 537 S. Dearborn Street, Chicago, and all hospital and nursing administrators and others interested in this movement to make the public better acquainted with hospitals are invited to write to Matthew O. Foley, Executive Secretary of the Committee, for printed suggestions and ideas for a programme.

Dr. C. S. Woods, St. Luke's Hospital, Cleveland, Ohio; Dr. F. M. Hollister, Brockton Hospital, Brockton, Mass., and W. W. Rawson, Dee Memorial Hospital, Ogden, Utah, are among the new members of the committee for this year. E. S. Gilmore, Superintendent, Wesley Memorial Hospital, Chicago, and Dr. M. T. MacEachern, President of the American Hospital Association, are respectively chairman and vice-chairman.

National Hospital Day now is not only generally observed throughout the United States and Canada, but has gained a foothold in Alaska, China and Egypt.

Editorial

It will be noted by our readers that the date has been chosen for the convention of the Canadian National Association of Trained Nurses, now held, according to the constitution passed in Edmonton in 1921, every two years. These dates are June 23rd to 26th inclusive.

These meetings, of such a body as our National Association of Nurses, made up as it is of affiliated organizations from all over this Dominion of ours, should be most helpful and inspiring if the associations which form this national body treat the matter of the biennial meeting as a matter of vital importance, study carefully the important matters which will appear on the agenda, and instruct the delegates accordingly. In too many instances, nursing associations appear to think it does not matter very much if they neither study these, nor send a delegate nor their votes by proxy. It does matter, and unless we can drive this home we shall lose the national attitude which can only be reached when all points of Canada are represented and with delegates who are prepared to be articulate. Otherwise it is almost impossible to prevent a local influence to be felt; and the rights and privileges of even the smallest affiliated organization with even one vote should express the sentiments of that group just as freely as those sent in by larger associations. It has always been a matter for congratulation that, in the arrangement for votes, the number of votes and delegates from the larger associations has been limited. This makes a fairer method, and should show those, whose membership is small, that every possible chance is given them in this national assembly. These meetings are not to be considered in any way "a pleasure jaunt," but a serious attempt by us all to raise our consultations to a higher national point, to respect the rights and necessities of the smallest of our groups, and to refuse to allow any local tendency to arrange matters to suit any particular part of Canada which will not meet with and help the rest.

Delegates should be told that they are expected to be present at all meetings; certainly all whose way is paid to convention must consider themselves in duty bound to be present, and more than that, to present a full written report on it, with special reference and a clear statement of such business or reports as come up to their associations. It is no easy task to be a delegate,—it means long days and careful attention. To give help to the associations, only such members are are conversant with the work of that particular association, and who are also conversant with the matters to come up to the national body for consideration, should be sent. This matter of proper delegates, their proper preparation and a thorough study of the needs and aims of the association, would make these national assemblies of far greater value than at present. Who among us who has attended these

meetings but has been sadly impressed with the fact that out of the whole assembly only a few are ever heard from? It is a mistake, a wrong attitude, and, by refraining from questions, suggestions and expressed opinions, many matters are considered and passed as approved which, from the discussions of the "after meetings," did not voice the feeling of many who, though present, were silent when the time was opportune for a spoken opinion or criticism. One does not go to the meetings to be popular, but in a helpful spirit, and without both sides of every question being well discussed, and opinions ventilated, the true sense of the meeting cannot be discovered. Come, as many as possible, to this our first biennial meeting, prepared and ready for work and with proper preparation as to the wishes of the association sending us, and the determination to be heard from during the sessions.

The Canadian National Association of Trained Nurses' Biennial Meeting, 1924.

The biennial meeting of the Canadian National Association of Trained Nurses will be held in Hamilton, Ont., from June 23rd to 26th inclusive.

It is hoped there will be a large attendance of delegates and members, and that the federated associations will see that their delegates are instructed fully in regard to all questions that are to be submitted for discussion and decision at the general meeting.

The biennial meeting of the American Trained Nurses' Association is to be held in Detroit, Michigan, from June 16th to 21st. The arrangement for the dates of these two national meetings will allow Canadian nurses an opportunity to attend, in part at least, the meeting in Detroit.

Canadian nurses who plan to go to Detroit are advised to notify the convenor of the Committee on Arrangements, Miss Emily A. McLaughlin, Harper Hospital, Detroit, so that reservations may be made for the number who will attend.

A more definite announcement will be made in regard to the biennial meeting, 1924, C.N.A.T.N., in the next issue of this magazine.

The secretaries of the federated associations are reminded that it is necessary for the Executive Secretary to have the names and addresses of the present officers, so that there will be no delay in correspondence, sent from the national office, being received by these associations.

JEAN S. WILSON,
Executive Secretary.

Letter to The Editor

Dear Editor,—I read with interest Miss Peer's account of the good work being done along the line of "Home Nursing and Child Welfare" in Saskatchewan, and published recently in the Canadian Nurse Magazine, but, in fairness to Manitoba, I feel the statement made that Saskatchewan had the lowest infant mortality in the Dominion for 1922 should be corrected.

The Federal Vital Statistics Blue Blue gives the following figures: "Manitoba, deaths per 1,000 live births, 94.2; Saskatchewan, deaths per 1,000 live births, 105."

Yours faithfully,

ELIZABETH RUSSELL,

Supt. Provincial Public Health Nurses, Manitoba.

STATE REGISTRATION OF NURSES IN INDIA

The Nursing Journal of India reports that a meeting of trained nurses was recently held in Bombay to discuss the question of State registration of nurses in India. The chair was taken by Miss Macfarlane, R.R.C., lady superintendent, St. George's Hospital, and papers were read by Miss Thacker, lady superintendent, Cama and Allbless Hospital Nursing Association, and Mrs. Mathew, assistant lady superintendent, St. George's Hospital.

Letters of regret at being unable to be present were read from Miss Ford, lady superintendent, Sassoon Hospital, Poona, and Miss Griffin, honorary secretary, Trained Nurses' Association of India.

About eighty nurses, European and Indian, were present, representing most branches of the profession, and the following resolutions were unanimously passed:

(1) "Resolved at this meeting, held on July 9th, at St. George's Hospital, Bombay, that State registration of trained nurses for India should be adopted and applied in the same manner as the system already obtaining in the United Kingdom. (2) That the two Registers (U.K. and India) should affilitae with each other to mutual advantage."

Copies of the above resolutions were sent to the Surgeon-General, Bombay Presidency, to the Bombay Presidency Nursing Association, and to the Hon. Secretary, Trained Nurses' Association of India.

The World's Pulse

By Elizabeth Robinson Scovil

The Boy Who Held the Lamp

John Shun, who died in England in January, 1924, aged 86, was an orderly in Florence Nightingale's hospital at Scutari during the Crimean war, 1854-1856. He was holding a lamp for her, when she looked up from the wounded man and said, "Hullo, little boy; how old are you?" "I'm seventeen, Miss." "Well, you don't look it; go home to your mother, this is no place for you."

Safety by Rail

There was only one railway accident in England in which passengers were killed during last year. It took place at Diggle, Yorkshire, on July 5th, and two persons lost their lives.

The Value of Cheerfulness

In a London hospital is a card that says, "Remember the steam-kettle; though it is up to its neck in hot water, it still sings." The fighting spirit of a patient very often decides whether life or death is to conquer. There is no complaint from which there have not been miraculous recoveries. Try to make your patient think his case is one of these.

Onward, Christian Soldiers

The Rev. Sabine Baring-Gould, author of "Onward, Christian Soldiers," "Now the Day is Over," "Through the Night of Doubt and Sorrow," and many other hymns, died a short time ago, aged almost ninety. His wife, Grace Taylor, was a factory worker, daughter to a mill-hand. She was very young when he fell in love with her, sent her to York to be educated, and married her in 1868. They lived together for nearly fifty years, an ideally happy couple. On her grave he placed Latin words, which mean "Half my soul."

Women Members of Parliament

There are now eight women members of the British Parliament. One of the questions raised was, should they be allowed to sit in the House without hats. The male members always wear them. Lady Astor, for sometime the only woman member, wore hers while she was the sole representative of her sex. The women M.P's. of the Labor Party decided that they preferred to work with uncovered heads, so Lady Astor now follows their example.

Hospital Service at Low Rates

An experiment is being tried in certain London hospitals whereby hospital treatment and accommodation could be secured by the payment of a small sum weekly throughout the year. Two trial associations were formed, one for workmen and the other for workers who were not manual laborers. The first paid threepence a week, twelve shillings a year,—about $2.50. Each organization obtained some thousands of members, and now, at the end of the trial year, the accounts have been examined by experts and the schemes declared sound and practicable. It has long been felt that some form of insurance is necessary to insure persons of moderate means the advantage of skilled nursing care in illness.

Mails By Air

The American air mail service is said to be wonderful. It is run by the post-office and extra postage is not charged, this part of the service being conducted at a loss. The carrying of letters by air from New York to San Francisco takes about 30 hours. By train the time is about a week. As new machines and new methods are developed no doubt this time will be reduced.

Hearing Cocktails

The British Broadcasting Company has said that within twenty days Americans will be able to hear cocktails being shaken in England. A British scientist prophesies that in time Americans will be able to see the English drink them. Wireless vision, he said, was not very far removed from ordinary wireless.

Cheaper Gasoline

A new process of refining crude oil, which may revolutionize the oil industry, is being perfected in the United States. The oil is passed through a filter containing a water-glass product and certain chemical substances, heated. When the oil emerges it is absolutely clear and free from impurities. The process is so simple it is claimed it will greatly reduce the price of gasoline.

The Queen's Doll House

A wonderful doll's house, designed by famous architects and furnished by eminent artists and craftsmen for Queen Mary, is to be shown at the British Empire Exhibition. It took two years to complete, and is intended to be a model of present-day domestic architecture and a record of the decorating and furnishing of the residence of a King and Queen in the twentieth century.

British Empire Exhibition

At this great exhibition, which is to be open in London from April until October, there is to be a special Pageant of Empire, lasting for six weeks during July and August. In a specially-built theatre, with a sheet of water instead of a stage, the British Admiralty is to reproduce the battle of Trafalgar, the defeat of the Spanish Armada and other great naval engagements. Ships that are perfect models of the originals will be used, cannon will thunder, flags will flutter and the ships advance and retire as in real warfare. On one day there will be a reproduction of the thanksgiving service in St. Paul's Cathedral when Queen Elizabeth went to give thanks for the destruction of the Armada. Rudyard Kipling is writing verses for a special song to run through the pageant.

THE HIGHER TEST

He died for his faith—that is fine!
More than most of us do.
But say! Can you add to that line,
That he lived for it, too?

In his death he bore witness at last
As a martyr to Truth.
Did his life do the same in the past
From the days of his youth?

It is easy to die; men have died
For a wish or a whim,
From bravado or passion or pride—
Was it harder for him?

But to live every day, to live out
All the truth that he dreamt,
While his friends met his conduct with doubt
And the world with contempt—

Was it thus that he plodded ahead
Never turning aside?
Then we will talk of the life that he lived,
Never mind how he died.

—*"The Far East."*

Public Health Nursing Department

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Address public health news items to the nurse who represents your province on the Publication Committee. Miss M. E. Wilkinson, Ontario Red Cross, 410 Sherbourne Street, Toronto, Convenor.

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The Ministering Angel, Plus a Little Knowledge

There is an age-old superstition that any woman, merely *because* she is a woman, can minister to the sick and care for the infant and aged alike. The poets have helped the illusion along, and most of us in our school days have felt an individual throb of joy over the lines, "When pain and anguish wring the brow, a ministering angel thou!"

But alas, when some of the family take ill, or an epidemic of "flu" rages through the town, the most sympathetic soul in the world finds it hard to cope with beds that are persistently untidy and uncomfortable, or to make mustard plasters that don't leak out; while a "full bed bath" seems as impossible as an aeroplane flight. Thousands of women to-day feel the need of some elementary instruction in the care of the sick,—the simpler forms of nursing and carrying out a doctor's orders; and the need is voicing itself through the many women's organizations which gather together the women of our country for social and progressive purposes. Everywhere Mothers' Meetings and Church Clubs, groups of Canadian Girls in Training and Business Girls' Clubs are appealing for classes in home nursing. The Canadian Red Cross has answered the appeal by preparing a "Manual for Home Nursing Classes," which one

worker described very aptly as "a down-to-earth course" for the average woman in her home. The manual is undoubtedly splendid, but the best theory in the world is aided by visualization; and the idea of the Red Cross Society to have a fully-trained graduate nurse conduct the class and demonstrate the manual will mean much in imparting a knowledge of nursing to the many who seek it.

Considering the yearly output of our hospital training schools, there must be few communities in Ontario where there is not one or more graduate nurses not actively engaged in nursing, who, to use the popular expression, "trained for a nurse, married, and wasted it all." (Another hollow superstition, for the training is never wasted.) These are the women who can aid the Red Cross in this latest development of public service. It is the woman who lives in a particular community who best knows its needs and how to reach those around her.

It is only a few weeks since the Ontario Red Cross opened up this work, and already fourteen classes are under way in Toronto, and six in outside places. Each of these classes has been undertaken by a graduate nurse, who, propelled by the love of her work which seems to be the result of her training, is glad to pass on to others the torch that has been handed to her. Each of them has the same story to tell—the work is fascinating and the class is fascinated. One group comes from a big downtown church,—the girls are all employed in business and living away from home. They meet at the church for supper, then have an hour and a-half class. There is no doubt in the mind of the teacher but that this work will bear far-reaching results when these girls marry and have homes, and in the meantime it is introducing a note of domesticity into their somewhat starved lives. Another class is held in the evenings in a downtown neighborhood house. The girls are all employed in industrial plants, but eagerly attend the nursing class one night a week, although they pass a very enticing rink on the way there. "They dearly love the practical demonstrations," remarks one teacher, "and the lesson on mustard pastes and hot applications was a real gala night." Another class consists mainly of young married women, who are most eager to learn just the right way to care for their babies.

The nurses themselves seem to love the idea of brushing up and getting back into harness, even for one hour a week. "They ask so many questions," said one teacher, "and so much of my old training leaps into my head I simply have to turn a lock and key on my own mind or I should never get through my lesson." The appreciation of the Red Cross for what is being done by these married nurses knows no limitations. "The work is only made possible," they say, "by the wonderful help that is being given us."

Since the knowledge of these classes has been mooted abroad the most pitiful appeals have been coming to the Red Cross Society, mainly from rural places where there is so little help for the sick. If the nurses in these places only knew of the unexpressed yearnings around them for

just the sort of knowledge they, and they only, can give, there would be more of these little groups scattered throughout the province. This is where the Red Cross can and does assist, in bringing together those who need and those who can give to that need. So often we married nurses have been charged with having wasted our training. Here is a chance to take up the gauntlet and prove that "once a nurse, always a nurse" holds true. The knowledge gained in those three years of close application and stern discipline is a seed that must bear fruit, and every woman who in turn passes on even in an elementary fashion the knowledge she has gained, becomes a very real factor in the great movement for better health, better homes, and a better Canada in the future. We may still get the throb out of the poet's eulogies, but we will deserve them more if the ministering angel has a little knowledge to guide the soothing hand.

ONE OF THE MARRIED ONES.

Health Education via a Better Farming Train

A. E. WELLS

During the month of May, 1923, two special trains toured the Province of Manitoba over the lines of the Canadian Pacific and the Canadian National Railways. These were known as Better Farming Trains, organized for the benefit of rural Manitobans by the Department of Education. Nor was health eduction overlooked in planning this work. To emphasize the importance of health in relation to agriculture, a passenger car (called the Better Health Car) was placed at the disposal of the Public Health Nurses' Department of the Provincial Board of Health and attached to the Canadian National Railway train, in order to reach the most isolated districts served by rail.

The Health Car was fitted up into Lecture and Consulting Compartments, and a Health Exhibit with free literature was arranged, which attracted the attention of all who came to the train.

From two to three hours were spent at each of the fifty-five points visited, and during that time the work of the Health Car was carried on by two public health nurses, according to a schedule which allowed for a division of groups of women and children.

During the first forty minutes a lecture on Maternal and Child Hygiene was given to the women. Following this, they went to the Women's Car and received instruction in Household Science; while the children came from the moving picture car to the Better Health Car for instruction in Health Habits and Proper Foods for boys and girls. The children were then weighed and given printed instructions to follow up the teaching given. In a number of instances the school teachers came

with the children and received information to carry on the health crusade in the schools. After the lectures, a Health Conference was held for mothers and children, which usually lasted up to the time for the train to leave for the next point.

When the moving picture car could not accommodate all of the children, they were divided into two groups, one of which was given health instruction in the women's car, while the other group was in the moving picture car.

A dental film loaned by the Manitoba Dental Association, shown in the moving picture car of the Extension Department, created much interest among the children, and supplemented the instruction given to them in dental hygiene in the Better Health Car.

It had been arranged for a physician to accompany the train, but, owing to financial difficulties at the last moment, the Better Health Car was left without medical assistance. The nurses' work covered a wide range of activities, some of which could not be tabulated because of the lack of time to report in detail all of the service given.

The following report indicates the interest of the people, and their need of a health service:

Total number of Lectures given in Maternal and Child Hygiene	52
Total attendance at Maternal and Child Hygiene Lectures	2,033
Total number of Health Lectures to Boys and Girls	69
Total attendance at Boys' and Girls' Lectures	6,123
Total number of Boys and Girls weighed	4,866
Total number of Boys and Girls found to be under weight	1,191

HEALTH CONFERENCES

Total attendance of children	80
Total attendance of babies	486
Total attendance of adults	31
Total number referred to physicians	75
Total number referred to social agencies	4
Total number First Aid Treatment given	17
Total number referred to dentist	11

The nurses found the work a most interesting experience. Contact with the other members of the train staff (which numbered about twenty) resulted in mutual benefit and understanding of community problems as a whole. At least, the nurses learned the importance of raising the best stock and grain, and we think that the professors in agriculture were impressed with the magnitude of our task in attempting to teach the same idea with regard to humans.

Contact with the people themselves made us feel grateful for the opportunity to serve them, for in learning their problems we touched upon many instances of heroic sacrifice and privation, each a story in itself. But this is only an outline of the work of the Better Health Car of the Better Farming Train in Manitoba.

An Afternoon's Work

"Could you go up to see John Brown, Sister? I called there to get his cream can and he's awful sick. He says to me, 'You go get the nurse, I goin' to die.'"

I gathered what information I could regarding the patient's symptoms from the ex-soldier who had come to me, and while he saddled my pony I packed the knapsack with everything that I should be likely to need.

I rode up to the home of the patient some five miles away, and as I approached the house children fled in all directions, much more frightened at seeing a stranger than the rabbits I had passed on the trail. One youngster of six gave a big yell when he found he could not reach the shelter of the house before I dismounted, and scrambled up a ladder into a hay barn to hide from me."

I found a shady spot for my pony and went into the house. The mother (a Finn) was out, and I went into each room but could find no trace of the father (a Russian) and my patient. The children began to peep out of the hiding places to see what I was doing. They could understand no English, and my enquiries as to the whereabouts of their parents met with no response.

Remembering that the ex-soldier had mentioned something about a granary, I decided to explore the out-buildings. An imbecile child named Rosie followed me and presently seemed to understand that I was trying to find her father, and pushed open a door. In a small log building lay the patient on an immense bed, which was roomy enough for at least four people. The bed and the patient were quite clean, and I gathered that he had chosen the place as being cool and quiet and free from flies. The foot of the bed was against a low partition, beyond which were sacks of grain, etc. There was no window in the place, so I left the door open for light on my examination of the patient.

Rosie refused to stay outside, so I proceeded to take a history and examine the patient. I felt the patient's pulse; Rosie did the same. I palpated his abdomen, and Rosie poked a fat finger on to it, too. A second attack of appendicitis was apparently the trouble, but I thought that no abscess had yet formed.

I explained to the patient in slow and simple language what was the matter with him, and advised that he should go to the hospital immediately. He would not hear of going. At this point the ex-soldier, who had followed me in his wagon, arrived, and I asked him to emphasize for me the grave risk attached to the patient remaining where he was. This he did in queer broken English, which the Russian seemed to understand fairly well, without changing his mind about going to hospital.

I then put Rosie outside and instructed the ex-soldier to keep her there and stand guard at the doorway. I proceeded to give him a much-needed enema. Presently the wife appeared from a cow-hunting

expedition. She would not consent to her husband's removal to hospital, so, after cautioning her to keep her husband in bed and to give him nothing but water until I returned the next day, I left.

The next morning I found the man much better, the temperature had subsided, vomiting had ceased, and the abdomen was soft. Once more I talked of the necessity for operation before a worse attack came on, and at last it was decided that the patient should go to hospital, fifty miles away. I made arrangements for his removal to hospital in a car, and the next day saw him comfortably started. The car had broken down when only seven miles on the journey, and all efforts to get it started again failed. The patient waited for some time, then said, "Sick car, no sick man; I all right now, I go home. My wife she be pleased to see me." And, go he did.

The episode was reported in the papers as a big joke. "Latest Cure for Appendicitis is a car breakdown," etc., with a few sly digs at my expense for sending the man to hospital. However, I rounded up the patient once more, and got him to hospital just as another attack was beginning, and a much-needed operation was successfully performed.

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Confusion in Health Teaching

"This is indeed the 'high wave of health interest!' A wonderful day! In our enthusiasm may there not be a temptation to rush into the field with 'short-cuts'? Are we not in a little danger of confusing our real objectives with the means of promoting them, of becoming so enamored of devices and methods—all valuable as a means—that we see in them the objective itself? Walls decorated with health posters may or may not house pupils healthier because of them; songs lustily declaring the virtue of health habits may or may not express convictions which are bearing fruit in action; a record of habits kept by the child may or may not be of value according to the degree that it emerges from pure mechanics remote from the child's emotional self. The wise use of devices is determined by the degree to which the teacher distinguishes between end and means, and her efficiency in health promotion is to be judged, not by the number of devices or the complication of the mechanics she uses, but rather by her ability to stimulate healthful living which shall carry on when the influence of neither teacher nor device is at hand."

From an address given by Mary E. Murphy at the International Health Education Conference in San Francisco.

NEWS ITEMS

QUEBEC

The convenor of the Publication Committee of the Public Health Section of the "Canadian Nurse" has been informed of the appointment of Miss Callard, of the Child Welfare Association of Montreal, to succeed Miss Smellie as provincial representative on this committee for Quebec Province.

ONTARIO

Miss Gertrude F. Reid, who has been engaged as Public Health Nurse in Ingersoll, is now doing Generalized Public Health work for the town of New Toronto, Ont.

The Toronto Branch of the Canadian Red Cross has appointed Miss Euna Kennedy organizer of Home Nursing Classes for the Red Cross in the city of Toronto. Miss Kennedy is a graduate of the Nicholls Hospital, Peterborough, and has had three years' experience as a school nurse and one and a half years with a mission hospital on the coast of British Columbia. During the war she served overseas for two and a half years. It is expected that this appointment will give great impetus to the formation of Red Cross Home Nursing classes in Toronto.

It is understood that Toronto is the first city in the Dominion to appoint a nurse whose entire work will be the organization of Home Nursing classes in co-operation with local societies—Girl Guide Associations, C.G.I.T. groups and Home and School Clubs.

BRITISH COLUMBIA

A get-together supper meeting of Public Health Nurses of Greater Vancouver and vicinity was held Monday, February 4th, at the Cosy Corner Tearooms. After supper the topic of the evening, "Diphtheria Tests," was opened with a very interesting paper by Miss Fullerton, Public Health student, U.B.C., on "Methods and Tests used in prevention and control of diphtheria." This was followed by short talks by the following school nurses: "Procedure used in taking diphtheria tests in Vancouver schools," Miss B. Stevens; "Opposition and objection met with from parents to having tests made," Miss I. Smith; "Schick tests," Miss Jukes. After the short talks a general discussion took place. These get-together meetings have proved most beneficial and enjoyable to the large number of nurses who attend.

Miss Jean Urquhart, R.N., has resigned her position as Director of the Junior Red Cross for British Columbia.

The Victorian Order of Nurses for Canada has appointed Miss Bertha E. Hall to the position of Assistant Superintendent, made vacant through the marriage of Miss Ina M. Cole, now Mrs. D. Algar-Bailey. Miss Hall is a matriculant of the Ottawa College, graduating from the Deaconess Hospital, Spokane, Wash., in 1911. She saw service with the U. S. Army during 1918-19. She then took the V.O.N. course at Vancouver, afterwards being appointed to the Health Centre at Cowichan, B. C., and given the task of its organization. She resigned in May, 1921, and took the course in public health nursing at Columbia University, Teacher's College, graduating in 1923 with the degree of B.S. Returning to British Columbia, she took up work again at the Cowichan Health Centre, and also gave instruction at the University of British Columbia to the students taking their public health nursing course, in rural health nursing.

Private Duty Nursing Department

National Chairman—Miss Edith Gaskell, 397 Huron Street, Toronto.

Vice-Chairman—Miss Agnes Kelly, 457—12th St., N.W., Calgary.

Secretary-Treasurer—Miss Bertha M. Fife, 320 Roncevalles Avenue, Toronto.

Convenor Press Committee—Miss Clara A. Brown, 86 Avenue Rd., Toronto, Ont.

Nova Scotia Representative—Miss Josephine Walsh, 41 Brenton St., Halifax, N. S.

Quebec Representative—Miss Christina Watling, R.N., 29 Buckingham Avenue, Montreal, Que.

Ontario—Miss Helen Carruthers, 404 Sherbourne Street, Toronto, Ont.

Manitoba Representative—Miss Henrietta Sykes, 723 Wolsely Avenue, Winnipeg.

Saskatchewan—Miss Helen Cameron, 717 Dufferin Ave., Saskatoon, Sask.

Alberta Representative—Miss Agnes Kelly, 457 Twelfth St. N.W., Calgary, Alta.

British Columbia Representative—Miss M. L. McLeay, 1532 Comox Street, Vancouver, B. C.

Uterine Bleeding and Causes of Uterine Haemorrhage*

(Abstract from Original)

By F. W. MARLOW, M.D., F.R.C.S., England.

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Periodical bleeding, or menstruation, begins at an average of fourteen to fifteen years and terminates at an average of forty-seven. The reproductive function of the female is usually confined to the interval between these ages, though not necessarily so, either in regard to the beginning or the ending. It may be said, however, that, unless the process is established in a manner suggesting a fairly normal state of development of the sexual organs, the power of reproduction is likely to remain in abeyance. The menstrual process must, as a rule, be regarded as essential and as an indication of ordinary ovarian activity and a properly functioning uterus, although this does not preclude the pregnant state before the onset of menstruation, or during periods of amenorrhoea from lactation or other causes, or after the process has apparently ceased.

In the premenstrual stage all the endometrial elements, including the vessels, stroma cells, glands and epithelium, manifest excessive activity. They are chiefly altered in size and contour from increased vascularity with swelling and oedema and the filling of the glands with secretion. Disturbance in their proportion and relation is more apparent than real, and, following the menstrual flow of blood and glandular secretion with relief of tension and lessened vascularity, there is a fairly rapid return to a state existing in the resting stage of the menstrual cycle. If, therefore, it is desired to designate the purpose of the menstrual cycle by a single term, one might readily look upon it as a process of irrigation of the uterine mucosa designed to maintain it in a healthy fertile state. Its phases are apparently subject to control exercised by ovarian function and the action of the musculature of the uterus. In the entire absence of ovarian tissue it is quite exceptional for the process to be carried on.

Histological study of the ovaries has clearly demonstrated a monthly structural change in the ripening and rupture of a Graafian follicle and the development and subsequent retrogression of the corpus luteum. Such changes have a fairly definite periodicity, and it has been amply demonstrated that the changes occurring in the endometrium during the menstrual cycle correspond closely in their time of incidence. The consensus of opinion is that the Graafian follicle ruptures during the resting phase and that the corpus luteum attains its highest state of development in the premenstrual state when vascular engorgement of the endometrium is most marked. That the regular periodical changes in the ovarian tissue bear a distinctly causative relation to the various phases of the menstrual cycle would appear to be well established.

Innumerable theories as to what the causative factor really is, or how it acts, have been advanced, and, although much importance is attached to the corpus luteum and its probable action as an internal secretory gland, there is still a lack of definite knowledge in this matter and one cannot safely go further than to ascribe it to ovarian activity. As to the matter of control, one is much disposed to believe that this is a function that may well be assigned to the uterine muscle, while cessation of the flow depends upon the exhaustion or withdrawal of the causative factor and the controlling muscular contraction of the uterus. That menstrual blood is non-clotting is probably of little significance so far as its amount or control is concerned, but it is of vast importance in allowing easy escape of the blood from the uterus without painful contractions to expel it. Apparently its admixture with the secretion of the uterine glands maintain it in a fluid state.

The blood supply of the uterus springs from a source which is abundant, coming as it does from the bilateral anastomotic circle formed by union of the ovarian branch of the abdominal aorta, and the uterine branch of the internal iliac artery. This circle is tortuous so as to permit of adequate supply to the vastly enlarged uterus of pregnancy, as well as to provide a well disseminated arterial supply throughout the uterus.

It is worthy of note that the anastomotic circles run alongside the lateral borders of the uterus and that no large arterial branch penetrates its wall.

In order to give a well diffused circulation through the uterus, the anastomotic circles give off numerous branches which penetrate the outer third of the uterine wall and for the most part bifurcate at the junction of the outer and middle thirds. One branch runs anteriorly and the other posteriorly at this junction, and in many instances these vessels anastomose with their fellows of the opposite side. The outer third of the uterine wall is supplied mainly by branches from these vessels, which tend to run in a circumferential direction. The inner two thirds of the wall are supplied by other branches, which mostly run in a radial direction towards the cavity of the uterus and which terminate in the arterioles and arterial capillaries of the endometrium. The walls of these vessels are thick, elastic and resistant. Such an arrangement of the source of blood supply would appear to be an ideal one for the purpose of irrigation, its essential features being free and well diffused distribution with adequate pressure to meet the demands.

Provision for the return flow is in accord with a somewhat similar arrangement. Venous capillaries and venules are abundant in the endometrium and practically constitute an endometrial plexus. At the junction of the middle and outer thirds of the wall there is a freely communicating myometrial plexus of veins, while peripheral to these are various branches assuming a lateral direction towards the veins in the fibro-cellular tissue within the broad ligaments, and on through them to the uterine and ovarian veins. Connecting the endometrial plexus with the myometrial plexus are numerous veins which mostly follow a radial direction. The walls of the veins are thin, easily collapsible and are devoid of valves. Pressure within them is subject to control by the uterine muscle. This arrangement for the return flow would also appear to be ideal for the purpose of irrigation and quite adequate to meet the demands under circumstances in which a proper balance is maintained.

As an example of the maintenance of a proper balance between blood supply and its return, attention is directed to the infantile or pre-puberty uterus. Being small and less contractile than later on, its supply is at all times adequate to penetrate its walls and readily reach its maturing endometrium, and the return system is not overloaded. Under these circumstances the need of periodical irrigation does not exist and a break in the return system rarely occurs. In the pregnant uterus one of the earliest recognizable changes is softening, and as an implantation of the impregnated ovum is seldom coincident with a break in the irrigation system, as a result of the continued and increasing softening of the uterine wall, the adequate and increasing blood supply is taken care of by the expanding return system and a proper balance is maintained. During lactation, until such time as the uterus regains its preparous state,

a break in the system is unlikely, while in the rare cases of super-involution the blood supply is diminished to the actual needs of an atrophic and non-functioning uterus and a break rarely occurs. So, too, in the post-menopausal uterus, which is progressively atrophic, a lessening supply is equal to the demand.

With the increasing development of the uterus at and after puberty, its size is increased and its firm consistency established. It is prepared for the eventuality of pregnancy. There is a need of a greater blood supply while the difficulty of thorough diffusion is increased. The distance to the endometrium from the source of supply is increased, while the uterus has acquired a greater degree of firmness and contractile power, both of which may to a degree embarrass the channels of supply in their attempt to flush the uterine mucosa and so maintain its healthy state of fertility. To accomplish this purpose, therefore, periodical irrigation is the established procedure.

Menstruation, or the monthly flow attending the menstrual cycle, is the result of a break in the irrigation system of the uterus, or a loss of balance between supply and demand. The loss of balance is brought about mainly by the greater embarrassment of the return system by the active musculature of the uterus. As a result of uterine contractions the thin walled veins are more affected by pressure than the arteries, so that while irrigation is progressing there is engorgement of the terminal circulation in the endometrium, with resultant swelling and edema of its elements. If at this stage the uterus relaxed and so relieved the pressure on the return system, a balance might be maintained without a break. Otherwise, as usually happens, there occurs a break in the irrigation system and the tension is relieved either by actual oozing or by diapedesis or both. Although the uterus is somewhat expanded and perhaps slightly softened in the premenstrual state, it cannot be said to be more than a little relaxed. If it relaxed before the flow there might not be a flow, and if it remained relaxed after the flow began this would be continued.

The uterus is a highly organized muscular organ with powers of contracting, relaxing and expanding, and is capable, under ordinary circumstances, of controlling the amount of blood passing through it. Normal menstruation indicates a fairly constant state of lost balance between the causative factor and the control, while an excessive flow suggests that the loss of balance is greater than the ordinary. Uterine bleeding may therefore become uterine haemorrhage when there is an excess of causative factor or when there is a deficiency or lack of control.

Each individual female is a law unto herself. The amount of her flow is generally so constant that any unusual departure is easily recognized, and in the investigation of any case in which the flow is affected it is of paramount importance to get all the information possible regarding her normal menstruation so as to judge the significance of any change. Also, in respect of any alteration, minute details are of great value.

Excessive causative factor is due to increased or prolonged ovarian activity, although in some instances it would appear that the activity of other internal secretory glands, and notably the thyroid, has some indirect causal relation. Lack of control may be due to deficient or ineffective contraction of the uterine muscle or to abnormal relaxation or persistent relaxation after the break has occurred, or to the task of taking care of an abnormal quantity of blood during abnormally active or prolonged passive congestion of the irrigation system.

Regarding the controlling power of the uterine muscle, nature affords the most splendid example in its action in child-birth immediately following the detachment and expulsion of the placenta, whereby owing to muscular contraction, the placental sinuses, or much enlarged uterine veins, are blocked by compression, and reflux bleeding, or post partum haemorrhage, is prevented, pending permanent closure of the veins by clotting and organization. Failure of contraction of the uterine muscle following the expulsion of the placenta leaves the break open and permits an active reflux from the valveless uterine veins, and haemorrhage is inevitable. Further, in case of decidual or placental retention with only partial detachment the uterus tends to remain relaxed and the veins in the area in which separation has taken place remain unblocked, and there is reflux bleeding, often amounting to haemorrhage.

Uterine haemorrhage may be due to uterine or extra uterine causes, most of which are recognizable without any extraordinary difficulty. There are two types of haemorrhage, namely, periodical and non-periodical, the former being subject to control and the latter not.

For practical purposes one is in the habit of placing all gynaecological conditions in three groups—first, those due to disturbed pelvic mechanics; second, growths and tumors, and, third, infections. Haemorrhage may manifest itself as a symptom in any of these groups, but the reason for its appearance is subject to considerable variation. In the first place, which includes retroversion and prolapse, the uterus is frequently maintained in a state of passive congestion, and there is torsion and fullness of the veins in the broad ligaments. When the break in the irrigation system occurs there is sometimes a freer unloading of the uterine vessels than is normal.

In the second group, that is, growths and tumors, excessive bleeding is generally the result of lack of muscular control either by deficient or ineffective contraction. In fibro-myomata of the uterus it is mostly due to ineffective uterine contractions owing to the fact that the anatomical relations between the tumor and the uterus are such as to deprive the muscle of its control of the radial veins and the capsular veins of the tumor, so that in the presence of a break a haemorrhage reflux is likely to occur.

Malignant disease in the body of the uterus may not affect the flow in its early stage, but later, on account of the increased activity in the

area of mucosa affected and the development in the growth of vessels which are removed from the area of muscular control, there may be menorrhagia. Still later, owing to breaking down of the proliferating mass with inevitable involvement of vessels, metrorrhagia occurs. Such bleeding, due to ulcerative processes, is irregular or non-periodical and not subject to muscular control. In some cases before the menopause, and in all cases beyond this, metrorrhagia is the first irregularity observed.

In early uterine pregnancy, if after implantation of the fertilized ovum the uterus is sufficiently softened before the next periodical irrigation is due, the balance between supply and return is maintained and a break does not occur. If, however, implantation is late in the menstrual interval and the uterus is not sufficiently softened when the next irrigation is due, a break may occur, and in this way it not infrequently happens that the beginning of pregnancy antedates the last menstrual flow, although as a rule in such cases the flow is a diminished one.

It is noted that early uterine abortion is more likely to occur at a time corresponding to a menstrual period or closely following such. This is probably due to a break in the irrigation system at a time when there should be a proper balance between supply and return, and through a break at such a time, when there is general increased vascularity, the amount of blood escaping may be so great as to disturb the attachments of the implanted ovum.

In ectopic pregnancy, which in practically all cases is primarily tubal, there is usually a missed period, or, if not, there are practically always some details regarding the menstrual history which suggest a departure from the normal. The pregnancy constitutes a centre of an area of markedly increased vascularity. This local increase has the effect of attracting blood away from the irrigation system of the uterus, while at the same time the uterus is softening. Therefore in many instances when the ensuing periodical irrigation of the uterus takes place a balance between supply and return may be maintained without a break, while in other earlier instances, where less of the supply is attracted from the uterus and easier return is not yet established, the usual break occurs.

Pathological conditions of the cervix of the uterus may, and frequently do, give rise to haemorrhage, and, as the tissue involved is beyond the control of the uterine muscle, such bleeding will usually be non-periodical. By far the most important disease of the cervix is cancer, and its earliest symptom is bleeding. At first it is almost insignificant in amount, and when free it generally indicates a fairly advanced state of disease. As in cancer of the body, it is due to the breaking down process following some proliferation, and, not being subject to uterine control, it is of necessity irregular. As compared with cancer of the body, haemorrhage, as a symptom, occurs somewhat earlier on account of earlier added infection from the vagina tending to hurry the ulcerative process.

In infections, or conditions in our third group, there may be excessive flow at the menstrual period, and not infrequently the occurrence of the flow is precipitated. Both may be the result of active congestion attending the inflammatory process resulting from infection. Active over-engorgement of the vascular channels causes a greater loss when the break occurs, while, on account of the overloading, the break occurs earlier than under an ordinary load.

Various general disturbances, and particularly of a nervous character, may influence the amount of the menstrual flow and may even alter its periodicity. Their influence must be exerted through the internal secretory glands, the ovaries acting as the medium and at the same time affecting the neuro-muscular mechanism of the uterus.

Visceral disease, involving the heart, kidneys or liver, is sometimes attended by disturbance of the menstrual flow, while in women past the menopause a not uncommon cause of irregular uterine bleeding is high blood pressure. The uterus is generally atrophic and its inner vascular channels are in a weakened, exposed and preapoplectic state. In such cases as this bleeding may be beneficial, and one has commonly had the patient express a feeling of improvement after its occurrence. It is, of course, most important to rule out the possibility of malignant disease as it is in any other case of irregular, uncontrolled, non-periodical bleeding.

It is worthy of note that many women with gross pathological conditions involving their pelvic organs do not suffer any excess or prolongation of the menstrual flow. This would indicate that even in the presence of gross disease a proper balance between supply and control may be maintained.

*Address in gynaecology, read at the meeting of the Ontario Medical Association, Windsor, June 1st, 1923.

What a Nurse Should Know About Basal Metabolism

The onward progress of medicine is so rapid that it is almost impossible for any one individual to be thoroughly abreast of the times in all the various branches of the science. A field which has developed considerably during the last few years is that which deals with Basal Metabolism and its relation to the so-called "metabolic diseases." So far, very few of the text-books for nurses have discussed this problem, and yet nurses are constantly being requested to prepare patients for metabolic tests, and are performing the actual tests themselves. This paper has been written to answer some of the many questions frequently asked about this subject.

When we speak of a "metabolic rate" we mean the rate at which the body is burning up its tissues. The carbohydrate, fat and protein ingested are being broken up, heat and energy are being produced as in an engine, and the residue, the ashes, are excreted as carbon-dioxide from the lungs and urea, uric acid, etc., from the kidneys. If we run or work hard, the rate of combustion, the metabolic rate, is raised; if we lie quietly in bed, the rate is lowered. The "basal" metabolic rate is the rate of combustion prevailing when the patient is making the lowest possible physical and mental effort. This is determined only when the patient has been resting quietly in bed for some hours, is not digesting food and is completely relaxed. People with certain diseases can only relax to a certain point. That point is *their* basal metabolic rate.

The original method of ascertaining the basal metabolic rate was to place the patient in a special sealed chamber and read off the actual heat produced by delicate thermometers. We know that a definite amount of oxygen is necessary, as in a furnace, to produce this combustion, and it has been determined that every litre of oxygen consumed by the body results in the production of 4.825 calories of heat. Therefore, if we can measure how much oxygen is consumed in a prescribed time—say ten minutes,—we can estimate from that how many litres of oxygen would be consumed in twenty-four hours, and this, in turn, would give us the number of calories of heat produced in twenty-four hours. There are now several types of portable machines, weighing a few pounds, which determine the B.M.R. by measuring the oxygen requirements of the body.

Its Clinical Application

The clinical value of determining the basal metabolic rate lies in the fact that certain diseases raise this rate, while others lower it. The following table gives the more common diseases affected:

B.M.R. raised (written +)—Hyperthyroidism (exophthalmic goitre), toxic adenoma (goitre), acromegaly, any febrile disease; occasionally in pernicious anemia, leukemia, diabetes.

B.M.R. lowered (written —)—Hypothryoidism (a) myxoedema, (b) cretinism, hypopituitarism, Addison's disease, starvation (fasting, oesophageal stricture, cardiospasm).

Its most frequent application is in goitre cases. The thyroid gland has more to do with determining our metabolic rate than any other gland in the body. It is the pace-maker. It has been said that "the thyroid gland is to the human body what the draught is to the fire." The active principle is the chemical "thyroxim" discovered in 1914 by Kendall, a substance so powerful that one twenty-seventh of a grain once daily will hold the rate of a healthy person 50% above normal. The large goitres of middle life are frequently benign adenomata, which do not endanger life at all. However, they are liable to become "toxic," and the patient then loses weight, becomes nervous, has cardiac symptoms, and may

eventually die. These changes can be detected early, because the basal metabolic rate is raised 15-30% as soon as the gland becomes "toxic." Also we see young women with a rapid pulse, losing weight and with the visible adolescent goitre so frequently seen in the Great Lakes district. One might easily call this a case of early hyperthyroidism leading on to exophthalmic goitre. The finding of a normal metabolic rate has resulted in a more thorough search being instituted for the cause of the rapid pulse and the loss of weight, and, in several cases, a hidden pulmonary tuberculosis has been discovered.

Likewise, the "minus" results are valuable. Many cases of myxoedema are pale, puffy, show albumin in the urine and simulate certain forms of nephritis. But the rate in nephritis is normal, while in myxoedema it is -15 to -30. Some cases of obesity are of the "minus" type and are benefited by the administration of thyroid extract. Others are due to overeating, oversleeping or lack of exercise and are actually injured by thyroid. The indiscriminate administration of thyroid-containing preparations and nostrums is to be strongly condemned, and I am sorry to say that occasionally patients tell us that nurses have thoughtlessly recommended thyroid for overweight. It should only be given when the B.M.R. is below normal. Otherwise, hyperthyroidism will be induced with disastrous results.

We also use the B.M.R. to determine our type of treatment in hyperthyroidism. If the rate is over +70, operation is decidedly risky unless a preliminary ligation of the vessels is performed. Such cases are often benefited by rest in bed and radium. Cases ranging from +30 to +50 do well with operation, especially if small doses of sodium iodine be given just before and after the operation. Enophthalmic goitre, like pernicious anemia, shows exacerbations and remissions, and the B.M.R. helps us to select the best time for operation.

The Preparation of the Patient

The invention of the small portable machines has resulted in this test being applicable in many centres all over the country, and frequently the nurse is at a loss to know what preparation is required. The following rules are followed in this hospital:

1. The patient must have had no food for at least fourteen hours. I prefer to do these tests in the morning, so a moderate supper and no breakfast will suffice. Some water may be allowed.

2. Take nude weight and height on the *previous* day.

3. No medication of a stimulating or sedative nature, e.g., strychnine, bromide, morphia, should be given. On the other hand, if a patient had, say, "heartburn," something like sodium bicarbonate would be advisable to allay his discomfort. Purgatives should not be given.

4. The patient should lie absolutely quiet in bed with the shades drawn and no visiting allowed. The bedpan should be insisted upon, if the patient wishes to go to the lavatory. Do not allow the patient to sit up

in bed or raise himself upon the pillows. The basal rate is only obtained when the patient is completely relaxed mentally and physically. It is here that a nurse can make or break the test. If she is fussy or noisy, talks loudly or with a high-pitched voice, she will ruin the test. I insist upon the nurse (and myself) always talking in an undertone. Never be in a hurry.

If the patient is nervous and struggling, one must avoid argument or force. Quietly explain each step in advance. Before the arrival of the doctor, the nurse may quietly emphasize that the test "will not hurt—it is only breathing through a tube." I frequently visit the patient the night before, so that he may see the machine and see the strange doctor. There is no fear of the unknown then to mar the morrow.

6. The body temperature should be taken. The increase in rate varies in different diseases, but, on the average, the rate raises from 7% to 8% with each degree of temperature. The room temperature should also be taken and, if possible, translated from Fahrenheit to Centigrade.

7. After boiling the mouthpiece, should there be one on the particular apparatus in use, it should be cooled before returning to the doctor.

We allow a normal variation of plus or minus ten before considering the result pathological. A result thirty per cent. above the normal, for instance, is usually written "+30." Sometimes "100" is taken as the normal, and then the reading would be "130." A "hypo" result may be written "—20" (the usual way), or, if "100" is the normal, as "80." The former method of writing results, i.e., as + or —, is preferable.

G. Harvey Agnew, M.B. (Tor.),
Assistant Physician, Toronto Western Hospital.

We must dwell more on God, and less on self; we must commune with Him; tell Him freely of our joys and sorrows, our needs and longings. Practically, when so doing, we are making acts of faith, hope and charity; and as we refer to all that concerns us to Him, we go more and more out of ourselves. His Will becomes a more prominent feature in our mental horizon; our own troubles and desires sink before it.

A habit of mind which turns all things to Him is practically dwelling in His continual Presence. Thus in disappointments caused by others, instead of fretting, if we call to mind how often we disappoint God—when friendship or affection fails to give all we need, if we bethink us how we fail towards our dearest Friend and Lover, and so on—we shall find the practice (as it is called) of His Presence becoming a greater reality, and more easy day by day.

Pupil Nurses' Department

Impressions of a Student Nurse when Nursing in a Contageous Hospital

The first impressions on entering this hospital for a few months' training in the care of infectious diseases, are those of dread and horror of being met at every corner by a different germ. This feeling of awe is, however, very short lived when one sees the bright, airy wards, where everything is so spotlessly clean, and the cheerful way the nurses, in perfect confidence, go from a case of scarlet to one of measles, then perhaps to one of chickenpox or whooping-cough, knowing that cross-infection is impossible if gowns are properly changed, if her hands before leaving the cubicle or room are surgically clean, and if individual equipment is used throughout for each patient.

When the hospital is notified of a new case, a nurse is sent with the ambulance, examines the patient, makes sure that no other children in the house are sick, and is able in this way to bring back to the Social Service a report of the general conditions. The case is then brought to the hospital and admitted to the acute ward, where each patient is kept in a separate cubicle.

The cubicle wards are most attractive with their pale blue walls and white woodwork, where the sun streams in the long windows from sunrise to sunset. The wards are so well planned and heated that the windows may be left open in the coldest weather without any danger of draughts. Sunlight and fresh air kill more germs than all the disinfectants on the market put together.

Every cubicle is fully equipped with a gown each for the doctor, nurse and maid. The wash-basin with running water has taps which are not contaminated by the hands, but are turned on and off with the elbows. The method of scrubbing up is regulated by a two-minute sand glass: scrub hands with soap and brush for one minute, remove gown without handling infected side, hanging it up by the shoulders with infected side inside, scrub for remainder of two minutes.

Beside each cot is a locker, where everything needed for the patient is kept, namely, wash basin, gargle mug and bowl, soap dish, bed pan, urinal, comb, fine comb, toothbrush, wash cloths and towels. A property bag hangs across the back of the cot and contains a bath blanket, treatment towel, diet towel and bib. There are ten cubicles in a ward, five along each side, separated from one another by glass partitions about 6 feet high. The serum, intubation, treatment trays, etc., are kept on white tables in the centre.

A very modern system of sterilization has recently been installed in the kitchen, where all dishes and trays are thoroughly boiled for 20 minutes immediately after use, before being washed.

The period of quarantine for both dipththeria and scarlet is long, and, even for the most cheerful, must grow wearisome. The monotony, however, is broken by the patients being moved, after the acute stage is over, to a semi-convalescent, then to convalescent ward, where all the children are up, and one would never guess to see them all playing so happily together that they had spent five weeks, and perhaps longer, isolated from their families and friends.

STUDENT NURSE,
Alexandra Hospital, Montreal.

How the Ottawa General Hospital Pupil Nurses Spent Christmas

The Star shone over the town of Bethlehem as the shepherds watched in solitude by night. Almost 2,000 years have passed into history since that eventful night, and a solemn civilization, much unlike all those that have gone before, has prepared again to celebrate another Yuletide.

The centuries, as they passed, have left behind them problems peculiar to the times, and our present Christian world is made up of all kinds of people, but when the bells announce the approach of Christmas the Yuletide spirit steals in and penetrates through the four walls of every building, even to our modern hospitals.

A merry Christmas to hospital inmates, how strangely inapplicable we say, but nothing is more appropriate. Those patient sufferers who have calmly reconciled themselves to a Christmas away from their own firesides are curiously surprised when they feel the preparation for our hospital Christmas; after all it seems just as though we were all home again. Isn't each ward a family all by itself? It only proves the more there are, the more cheerful the atmosphere.

Excitement prevailed for days before, for each was devising ways and means for decorating her ward tree—naturally her tree was going to be the best. When the eventful eve came, the trees and the wards were decorated in a surprisingly short time. Parcels began to arrive most mysteriously from nowhere. Could you ever imagine there were so many unforseen corners just to keep presents hidden?

Finally everything was finished, everyone surveyed the results. What a pleasurable excitement in realizing it was ours! Christmas morning the presents were distributed. If in the midst of our happiness we gazed at the others, how beautiful it was to see the different patients. Across the most happy, cheerful countenance flashes of suppressed pain would

be seen for one fleeting moment; even in those most distorted with suffering you could see happiness and thankfulness forcing their way to expression.

We must say a particular word about the children's ward. It is still harder to imagine children spending Christmas in a hospital, but our children's ward supplied a chimney for Santa Claus. The representatives of the May Court Club decorated the tree on Christmas eve; no energy or loving care was spared in making the children happy. Christmas morning, lo and behold, there was Santa Claus himself awakening them with many jingles, for he had presents for every boy and girl. Every nurse was an acquaintance of Santa Claus as well.

Christmas eve the nurses attended the impressive ceremony of Midnight Mass, enjoying the glorious sight of the Babe of Bethlehem. Neither were they without their own festive celebration. They had a tree in the study hall, and were as surprised as much as any one. Nothing is so beautiful as the spirit of Christmas. That feeling was wonderfully demonstrated by all our staff as night came. Was there one tired, happy or suffering person who did not say to himself, "I wonder if they enjoyed themselves at home, as I have?" but a tiny voice seems to answer, "Yes, but we missed you."

E. R.,
Ottawa General Hospital.

HEARD IN A TRAIN

One "Char-lady" to another: " 'Ow's Bill gettin' on?"

" E ain't no better, and when I arst the nuss 'ow 'e was, she said she didn't know. Them nusses, they don't seem to take no interest in the patients. I took Bill some bananas and oranges last Sunday, an' when I went to the 'orspital again on Wednesday there they wos, still in the bag. 'Adn't been touched, they 'adn't."

"Did Bill know they were there?"

"No. 'E was asleep when I come away. And they was a goin' bad, shut up in 'is locker. I says to the nuss, I wish she 'ad give 'em to someone else rather than they should spoil, an'——"

"Nah, then, ma, 'ere's yer stopping-place. Elephant! Elephant!" cried the conductor.

Exit the two char-ladies, still talking volubly.—*Nursing Mirror.*

A deliberate purpose to make the best of one's condition, whatever it may be, and to bear with its necessary trials patiently, without fretting at them as undeserved, trying to see them as God sees them, as a means of disciplining the character, of seeking closer union with Him—such a purpose would make many a life far happier than it is now. S. LEAR.

Canadian Army Medical Nursing Service Department

On November 30th a few of the Vancouver Nursing Sisters met at the Cosy Corner Tea-room to organize a club which would promote a bond of union among ex-service nurses who served together during the late war.

Officers elected were: Honorary President, Matron MacDonald; President, Miss J. Matheson; Vice-President, Mrs. Danby Smith; Secretary-Treasurer, Miss B. Swan; Executive Committee, Mrs. King Brown, Mrs. W. Paterson and Miss J. Johnson.

On January 23rd the first regular meeting was held at Shaughnessy Military Hospital, when fifty nurses were present, Miss Matheson, President, in the chair.

Mrs. King Brown brought to the attention of the meeting the need of instructors in First Aid Work for the Girl Guides in Greater Vancouver, stating that she had been approached by officers of that organization, asking the co-operation of the Club in this particular branch of the work.

The feeling of the meeting was that the Club could very well accept the responsibility, and a committee to complete arrangements was formed of the following members: Mrs. King Brown (convenor), Mrs. Clayton, Mrs. Bildoeau, and Miss Rogers.

After the business meeting a delightful social hour was spent, when many old friendships were renewed, and incidents, humorous and otherwise, were recounted. Dainty refreshments were served and a delightful musical programme enjoyed, both of which were provided by the hostesses of the evening, the Matron and Nursing Staff of Shaughnessy Hospital.

The meeting adjourned to meet again on Wednesday, April 16th, at Shaughnessy Hospital Nurses' Home.

Those present were: Blanche Swan, E. E. Lumsden, Evelyn Butler, Jean Warrender, A. C. Worsey, Effie E. V. Alexander, B. G. Watterson, O. Wood, M. M. McIntosh (Peggy Rose), M. Quigley, L. Heaney, E. Martin, Mary Heyer, Mrs. B. W. (Mary Cobb), Maude King Brown, Louise J. Brand, Charlotte Clayton (Younghusband), Jean Urquhart, Mildred Card, Marie L. Thompson, Gertrude M. Kitteringham, Helen Stark, Isabel M. Currie, Flora MacDiarmid, E. V. Cameron, E. D. Collis,

A. J. Oliver, Eleanor K. Rogers, Beatrice McNair, Isabelle Innes, Mrs. Danby Smith, N. Wall (Nancy Bradshaw), E. E. Matthews (Miss Edwards, Mary McLane, H. O'Brien Haig (New Westminster), Inez Dayton Rawlins (Mrs.), E. M. Barker, Cassie MacDonald (Miss Munday), Harriet Jukes, Ethel Rose (Ethel Boultbee), Maude Bilodeau (Dutchy Walker), Isabelle Jeffries, Jane E. Johnston, Hazel F. Bell (Gilleen), Ruth Patterson (Foster), J. R. Shepherd (Hamilton), Bertha H. Bennett, Veronica E. Page, J. Matheson.

SICK ROOM PSYCHOLOGY

Dr. Paul Tyner, the well-known American author and lecturer, who has given twenty-eight years of constant study to the subject of the mind as it relates to the body, gave an interesting address on "Psychology for Doctor and Nurse" in the Glasgow Nurses' Club on Saturday of last week. Dr. Tyner calls for positive habits of mind against negative ones. He would have all nurses clear their minds of personal worry before entering a sick room; he would have them cultivate a confident attitude of mind and good humor and sweet reasonableness at all times, and he would have them not afraid to smile. The day is over, Dr. Tyner pointed out, for long faces and Job's comforters in the sick room. Patients get their attitude of mind from the nurse, and the thing to do is to establish an expectation of getting better. In quiet little talks assure the patient that things will go well, that all conditions are favorable. Never, he advised, lay down the law, but rather work by suggestion, for instance, that the medicines and diet are not so bad; are, indeed, quite good and will help a lot. In most cases of illness there is a peculiar sensibility to mental influence, and between them the nurse and the doctor can do much to alleviate fear and help the patient mentally as well as physically.—*Nursing Mirror.*

Take joy home,
And make a place in thy great heart for her,
And give her time to grow, and cherish her!
Then will She often come and sing to thee
When thou art working in the furrows.

—J. Ingleow.

All the minor troubles and contradictions of life lose their sting when brought into that Presence. God has promised to fill up whatever is wanting to us with Himself. Is not this a thought that will stay us up under any trouble? If friend fail us, or hopes are withered or toil frustrated, what does it matter if He will fill up the blank.

Department of Nursing Education

Conducted by the Canadian Association of Nursing Education

Staff Conferences in Training Schools

By K. W. Ellis, R.N.
General Hospital, Vancouver, B. C.

It is a well-recognized fact that the successful running of an institution or department depends upon the co-operation of those who are working within it. How to secure such co-operation is a problem all who are in administrative positions have to face. In the nursing world it is one shared alike by the probationer and head of the training school, the former having comparatively few whose co-operation she must secure, if her work is to bring forth results; the latter—many, first among whom are her supervisors and head nurses. To them she must look for assistance and co-operation, not only in carrying out the daily routine, but in meeting the many difficulties which arise from day to day to upset the routine. Those who have been the connecting link between the Training School Office and staff nurses realize how little the latter know of the problems which confront the administrative heads of the hospital.

No doubt the value of staff conferences depends on the manner in which they are conducted. In order to be of benefit they must be made interesting and instructive in every instance. There is a great danger of them resolving themselves into monotonous gatherings, due, at times, no doubt, to the fact that the one upon whom the leadership of such meetings depends comes to them unprepared, or possibly at the end of the strenuous day's work when she is both mentally and physically fatigued, as are those around her. The suggestion to have such meetings in the morning is possibly a good one, but frequently most difficult to plan. A noon meeting would seem the best compromise; this again excludes the night staff; the other solution being to divide conferences and plan so that every member of the staff may be included at one time or the other. There should undoubtedly be a definite date and hour set aside and meetings held regularly, and all who attend should be encouraged to enter into the discussion.

The aim and object of such meetings should be:

1st. To secure team work among the members of the staff by interchange of ideas. The individual head nurse has an opportunity of regarding her particular work as relating to the whole, which should tend to broaden her ideas. Many a head nurse—otherwise successful—fails to develop as she should because her viewpoint and interest is limited to the running of her own department; in other words, she cannot co-operate. She loses sight of the fact that each department or ward is but a unit of the whole.

2nd. To tend to promote a feeling of unity among the various departments by "constructive criticism"—to make use of a popular term.

3rd. To secure a uniform method of teaching by affording an opportunity to discuss any proposed change before being adopted—here demonstrations often prove of interest.

4th. To afford the head of the department an opportunity to bring matters to the attention of the nurses as a whole.

5th. To interchange ideas by inviting discussion and an expression of opinion from all those present, for what head of a department has not found value in suggestions coming, even from the most junior member of her staff.

At such conferences time should not be taken up with discussion of individual problems, and personally I feel that five minutes spent on the ward does more towards securing the co-operation of a head nurse than many conferences. Here one meets her on her own ground, in her own home, as it were; has the opportunity of sharing her difficulties with her, of seeing the leaking tap which has been reported "out of order" many times, of meeting the patient who has perhaps become a problem, and, in short, entering into the difficulties which may seem trivial, perhaps, but to the busy head nurse are very real. In our larger institutions of to-day it might well be said for the Superintendent of Nurses to personally visit the wards is impossible, the calls upon her time are too numerous—it is difficult, but not impossible. Well do we realize there are increasing demands made every day upon the head of the nursing department, from outside the hospital as well as within, if she is to fulfil her obligations faithfully.

In spite of this, one feels we must realize the importance of "follow-up work" if our conferences are to be of any real value.

THE HOSPITAL ZONE

"Drive quietly"—the sign is plain, in letters large and high; in yonder house, on cots of pain, a lot of sick folks lie; the noise of traffic is a strain 'neath which they moan and sigh. And most of those who see the sign slow down as they go past, their rusty axles cease to whine, their cylinders to blast; most men are kindly and benign, their sympathies are vast. They strive to make as little noise as their old cars can spring, and to their little girls and boys they say, "Don't yell or sing; for idle racketing destroys the sick ones' peace, by jing." The doctors and the nurses gaze, and say, in accents low, "May heaven bless those thoughtful jays who drive their vans so slow; our patients would have peaceful days, if all would like them go." But now and then the speeder fleet goes by with noises dire; he drives his what-not down the street as going to a fire; the doctors then their bosoms beat, the nurses groan with ire. The sign is there for all to read, the words are bold and plain; and kindly men reduce their speed, and sigh for those in pain; but skates whose wits have gone to seed, a dizzy speed maintain.—WALT MASON.

Hospitals and Nurses

QUEBEC

The annual meeting of the Association of Registered Nurses for the Province of Quebec was held on January 24th, 1924. The afternoon session was held at the Royal Victoria Hospital, when, after the usual business and election of officers and Committee of Management, demonstrations in practical nursing by the nurses of the Maternity Hospital, the Children's Memorial Hospital, the Alexandra Hospital, and the Victorian Order of Nurses, were much appreciated by those present.

Miss Elizabeth Fox, B.A.R.N., President of the American National Organization for Public Health Nursing, gave a short address. The evening meeting was held in Congress Hall by the kindness of Rev. J. G. McChane. Reports were given by the Secretary, Treasurer and convenors of standing committees. An address on Public Health Nursing was given by Dr. J. A. Beaudoin, of the University of Montreal, followed by an address by Miss Fox, "What the Public Health Movement Expects of the Nurse." C. A. Dawson, B.A., Ph. D., Director of the School for Social Workers, McGill University, addressed those present on "Social Service and the Public Health Nurse."

The Secretary's report showed that there were now 1,123 members.

It was announced that two scholarships for next year, one for the Public Health Course in the University of Montreal and the other in McGill School for Graduate Nurses, would be given to members.

Miss F. M. Shaw was re-elected President, and Miss L. C. Phillips as Secretary-Treasurer.

Royal Victoria Hospital, Montreal

Miss Beatrice Guernsey (1907) has been appointed Superintendent of the Training School of the Royal Alexandra Hospital, Edmonton. Miss Guernsey has been Assistant Superintendent at the Royal Victoria Hospital School for Nurses, and leaves in the middle of March for her new post.

Miss I. Speck (1923) has accepted a position in the Worcester Hospital, Worcester, Mass.

Misses Grace Huhring (1923) and Judith Dkead (1921) have left on a cruise round the world on the Empress of Canada.

The annual Alumnae Association dinner to the graduating class of 1924 will be held at the Ritz Carlton Hotel on March 4th.

The engagement is announced of Miss Anna G. Lawson (1920) to Dr. Hill H. Cheney, Montreal. Miss Lawson took a course in Art as applied to medicine at Johns Hopkins Hospital under Max Brodel, and has been medical artist at the R.V.H. for the past two years.

Montreal General Hospital

At the annual meeting of the M.G.H.A.A., the Treasurer reported an increase of members and $539 in the treasury at the end of the year. The convenor of the Sick Benefit Committee reported $12,000 on hand and that several graduates had been treated in hospital during the year.

Miss Mildred Earl, who has been doing institutional work in New York City for some time, is back in Montreal on private duty.

Miss Jeannette Dunwood (1918) has been fortunate in being appointed again as a nurse on the Empress of Scotland for the Mediterranean. There are three graduate nurses for duty on this boat.

Miss C. S. McLeod (1916), who has been on the staff of the M.G.H. since graduation, the last four years as anaesthetist, has gone in the same capacity to the City Hospital, McKinney, Texas. A fitted travelling bag was presented to her by the physicians of the M.G.H. as an appreciation of her work. Other presentations were made by the S.O.R. staff, the hospital staff and friends.

Miss Nellie Tuck (1912) has returned to private duty in Montreal since resigning her position as Assistant Superintendent of Grace Hospital, Winnipeg.

The Edith Cavell Chapter of the I.O.D.E. (the nurses' chapter) held a very successful "bridge," under the general convenorship of Miss Agnes Bullock. The proceeds are to go toward the sending of clothing to the Grenfell Mission, Labrador. Miss F. Strumm is Regent of this chapter.

Miss Annie Hogge (1923) has been appointed to the M.G.H. staff as second Assistant Night Superintendent. Miss G. M. Calder (1919), who has been first Assistant to the Night Superintendent for the past four years, has resigned to spend some time at her home in Jamaica, West Indies. and has been succeeded by Miss Beatrice Preston (1922).

The sympathy of the Association is sent to Miss Anna Murphy in the loss of her brother, and to Miss Hardings in the death of a niece.

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ONTARIO

Port Arthur, Ont.

The second meeting of the year of the Thunder Bay G.N.A. was held recently in the Nurses' Home of the Port Arthur Hospital, with a large attendance. They thoroughly enjoyed an interesting address on "Fellowship," by Rev. J. A. Tuer. Five dollars was voted for the Cenotaph Fund. Sister Frances, of St. Joseph's Hospital, was made an honorary member of the Association.

Toronto Western Hospital

Miss Moak (1922) is at present Night Superintendent of Tarrytown Hospital, N.Y., and Misses Grace Ashcroft (1923) and McGowan (1923) are doing floor duty in the same hospital.

Mrs. Duff (1920) has resigned her position as Supervisor of the Outpatients' and Emergency Departments of the T.W.H., and has accepted the work of Industrial Nurse for Gunn's Ltd., taking up her duties on March 1st.

Miss Margaret Johnston (1921), who succeeds her, resigned her staff position as Night Supervisor to do so.

Misses Cavell (1922) and Lena Smith (1922) are in New York at the Fifth Avenue Hospital, doing private work.

Kingston

The annual meeting, being the twenty-seventh anniversary of the Alumnae Association of the Kingston General Hospital, was held on January 15th. Excellent reports were read, showing growth and interest. The Alumnae now have twelve life members and 94 members, and the Kingston Chapter of Nurses have a membership of 84. From the money in hand, sums of $55.00 donated to the Victorian Order of Nurses, $25.00 to the Japanese Relief Fund, and $15.00 to the Red Cross Fund for the sufferers in the typhoid epidemic of last autumn showed the scope of the work of the organizations.

Miss Evelyn Freeman was elected President of the Alumnae Association and Miss Jessie Harold as Secretary.

Miss Claudia Boskill, formerly Superintendent of the K.G.H., is spending the winter in Los Angeles, Calif., while Miss Gertrude Murdock, who was formerly Assistant to Miss Boskill, is at Mostem, Sask.

Ottawa General Hospital

At the December meeting of the Alumnae Association we had the honor of hearing Mrs. Lyons, of Ottawa, speak on Social Service work. Mrs. Lyons is closely connected with the work done by the Jubilee Court. Her address was much appreciated by the members present. Miss McElroy also spoke a few words, suggesting that the nurses help in all social service work whenever possible.

At the January meeting, Dr. Higgerty gave a most instructive and interesting address on "Social Hygiene." There were many members present, and the senior class of pupils were also in attendance. It was generally felt by those who heard this lecture that more knowledge would help humanity to combat the dreadful diseases now prevalent in our country.

Woodstock

Miss M. H. Mackay, R.N., whose resignation as Assistant Superintendent of the Woodstock Hospital was regretfully accepted, is spending the winter in California.

London

The Misses Blood and Patterson (Victoria Hospital, London) have accepted positions on the staff of the Lockport City Hospital, Lockport, N. Y.

Miss Lotan (Victoria Hospital) has accepted a position on the staff of the Fort Hospital, Detroit, Mich.

The 1925 class, Victoria Hospital, entertained at a sleigh drive recently in honor of the 1924 class. Supper was served later at the Nurses' Home, and an evening of dancing and games closed a delightful time.

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MANITOBA

The tenth annual meeting of the Manitoba Association of Graduate Nurses was held at the Marlborough Hotel, Tuesday, January 29th, 1924, and was well attended.

The invocation was given by Ven. Archdeacon McElheran.

After the business was completed a very interesting address was given by Dr. Gordon Chown on the "Importance of Breast Feeding." He emphasized the importance of inducing mothers to nurse their own babies, stating that four-fifthes of the deaths of infants under one year of age were among bottle-fed babies. The speaker advocated a greater effort to encourage and advise mothers in this matter, pointing out its advisability even from the standpoint of economy, the cost of materials and professional advice for the artificial feeding of a baby for nine months to total $225.

Miss Jean Wilson, Secretary of the Canadian National Association of Graduate Nurses, spoke on the scope and activities of the national office which was established in Winnipeg last year. "It is the headquarters for Canada, a reference library of pamphlets, leaflets and addresses available to members in every province." Discussing the work of the National Association, she said the organization was founded in 1908, and its chief interest always had been in emphasizing preparation of student and graduate nurses for better service to the public, not featuring the discussion of remuneration for their work.

Prof. F. W. Kerr spoke on the necessity of the nurse cultivating charm of personality. "Every nurse should be joyful, hopeful for humanity, and anxious to serve," he said. "I am convinced the depth of human goodness existing in the average home will be enough to establish her faith in mankind, and offset the darker sides of human life which she must meet."

Problems and ideals for the private duty nurse were discussed in two papers written by Miss Francis and Miss Harriet Meadows, both of Brandon.

Miss M. Bruce read a paper on "Special Diets," and Miss Elizabeth Russell conducted a round-table conference on the problems in the registration examinations.

Inspection of nursing supplies and equipment followed, as well as a demonstration in child welfare and health education arranged by the various hospitals and Public Health Department.

Only nurses registered with the M.A.G.N. will be admitted to the privileges of the Nurses' Central Directory. It was decided that temporary permits would be issued to graduate nurses wishing to use the directory while awaiting registration examinations.

The Memorial Committee purposes to raise $10,000 for endowing a bed for sick nurses in a Manitoba hospital.

At the evening meeting, Dr. A. M. Davidson spoke on "Venereal Diseases." He illustrated the lecture profusely with slides, and Prof. Lodge spoke on the curve of learning and the relationship of the curve of complex learning to that of simple learning.

* * * *

SASKATCHEWAN

The Nurses' Council of the Saskatchewan Registered Nurses' Association has arranged the dates of Thursday and Friday, April 24th and 25th, for the annual meeting of the Association. As decided at the last annual meeting, the 1924 meeting is to be held in Regina.

The Programme Committee reports that addresses will be given by the following: Miss E. Kathleen Russell, Director of the Department of Public

Health Nursing, University of Toronto; Hon. J. M. Uhrich, Minister of the Department of Health, Government of Saskatchewan; Mr. Frank M. Quance, of the Normal School, Regina, and Dr. J. W. MacNeill, Superintendent, Provincial Hospital, North Battleford. In addition to the interesting addresses, many important matters are referred from the C.N.A.T.N., as well as important matters of Provincial interest, will be discussed. With the present arrangements for biennial, instead of annual meetings, of the National Nurses' Associations, strong Provincial nursing organizations must be built up. It is hoped, therefore, that every Hospital Superintendent, as well as every nurse engaged in any form of Public Health Nursing, which, broadly speaking, includes both the private duty nurse engaged in bedside nursing and the nurse engaged in purely preventive work, will make a special effort to be present and help make this convention a success. An invitation has been extended by Dr. R. G. Ferguson and Miss M. Montgomery, of the Provincial Sanitarium, Fort Qu'Appelle, that all the nurses should visit the Sanitarium following the meeting. It is hoped that all who can arrange to do so will take advantage of this opportunity of visiting and seeing the work of this splendid institution.

Miss Jean MacKenzie (R.V.H., 1916) resigned early in the New Year from the staff of the Provincial Division of School Hygiene to acccept a position upon the Canadian Red Cross Staff of Inspectors in "Home Nursing."

Miss Ruth Hicks (W.G.H., 1911) has been granted a year's leave of absence as Superintendent of the Weyburn General Hospital, on account of ill-health, and is at present holidaying in California. Miss E. Stirling (W.G.H., 1917) is Acting Superintendent during Miss Hicks' absence.

* * * *

BRITISH COLUMBIA

Victoria

The annual meeting of the V.G.N.A. was held February 14th, 1924, when Miss Morrison was again elected President; Miss Jessie MacKenzie and Sister Mary Anna, Hon. Presidents; Miss Gregory-Allen, Secretary, and Mrs. Dixon, Treasurer. The furnishing of a new memorial room in the new wing of the Jubilee Hospital and the augmentation of the sick benefit fund are to be the objectives of the Association this year. Preliminary plans were made for entertaining the British Columbia Graduate Nurses' Association annual convention to be held in Victoria on Easter Monday and Tuesday. After the business meeting, delicious refreshments were served.

Mrs. Ann Mathieson, R.R.C.R.N., has resigned her position as Superintendent of the King's Daughters Hospital, Duncan, B. C., and will be succeeded by Miss Olive Angus, R.N., graduate of Mount Sinai Hospital, New York.

Vancouver

The usual monthly meeting of the V.G.N.A. was held on February 6th, Miss A. McLellan presiding. Dr. Buchanan, of the University of British Columbia, gave an interesting illustrated address on "Other Worlds Than Ours." It was announced that a social evening would be held in March, when each member is expected to bring a new member and so help in the membership drive. Tea was afterwards served by the Social Committee.

Miss Edith McCaul (Vancouver General Hospital) recently resigned from the staff of the V.G.H., and has accepted a post at St. Luke's Hospital, Spokane.

Miss C. B. Davy (Lady Stanley Institute, Ottawa, Ont.), who for ten years has been connected with the staff of the Vancouver General Hospital, left to take a position at the Preventorium, San Mateo, California, on February 1st. She was the recipient of much hospitality before she left, and was presented with a wrist watch, suitably engraved, from some of those who had been connected with the hospital during her stay.

Vancouver General Hospital

The regular monthly meeting was held on February 5th, at the Nurses' Residence. It was decided to hold a valentine tea on February 16th, the proceeds to be turned over to the Finance Committee of the Student's Council, who are arranging for the Pupil Nurses' Annual for 1923. Arrangements were also made for a St. Patrick's Day dance, March 11th, in aid of the Sick Nurses' Benefit Fund. At the close of the business meeting, Miss Helen Randal, R.N., informally addressed the nurses on the value of organizations and on the simple rules of parliamentary procedure. Refreshments were served by the Social Committee.

St. Paul's Hospital, Vancouver

At a card party held on January 25th, 1924, the Alumnæ Association, St. Paul's Hospital, cleared $100.00; this is to be spent largely on some needed equipment for the class-room.

New Westminster

Miss Van Wyck (Royal Columbian Hospital) has resigned her position at the Hollywood Sanitarium to nurse in California.

Miss F. Taylor, who has spent six months in England with relatives, is on her way back to New Westminster.

At the February meeting of the New Westminster G.N.A., 12 dozen serviettes were made for the nurses' dining-room.

Duncan

The graduating exercises of the 1924 class of the King's Daughters' Hospital were held on February 8th. Mr. W. H. Elkinton, Chairman of the Hospital Board, presided, and spoke a few words of appreciation of the work of those graduating. Mrs. A. Mathieson, R.R.C., Matron of the hospital, spoke to the nurses, and, in conclusion, presented the badges and diplomas to the class—Misses Bruce M. Gilmer, Violet M. Marsh, Amelia T. Campbell and Allede M. Horner. Quantities of flowers were presented and a book to each of them from Mrs. Mathieson. Just before the conclusion of the ceremony, Mr. Fleetwood Wells asked the attention of the audience while he voiced the deep regret of the district at the pending departure of Mrs. Mathieson, who had won the esteem and respect of all who had come in contact with her, and concluded by presenting her with a purse of money as a slight token of their regard. Flowers were also presented to her by friends. After the singing of "The Maple Leaf," the rest of the evening was spent in dancing.

BIRTHS

Atkinson—On December 19th, 1923, to Mr. and Mrs. F. E. Atkinson (Netta Hames, Hospital for Sick Children, 1917), of Port Rowan, a daughter.

Clarke—At 51 Herkimer Street, Hamilton, Ont., to Dr. and Mrs. Crossen Clarke (Jessie Macdonald, Hospital for Sick Children, 1915), a daughter.

Gurd—At Montreal, on January 21st, 1924, to Mr. and Mrs. Walter R. Gurd (Norah Pedley, Royal Victoria Hospital, 1912), a son.

Reddick—On January 16th, 1924. to Dr. and Mrs. Reddick, Keewatin Avenue, Toronto (Ivy Anderson, Hospital for Sick Children, 1915), a son.

Woods—At Niagara Falls, Ont., December 11th, 1923, to Mr. and Mrs. G. H. Woods (Blanche McLeod, Wellesley Hospital, Toronto, 1918), a son.

MARRIAGES

Abernethy-Jenney—At Jacksonville, Florida, on December 5th, 1923, Mabel Campbell Jenney (Hospital for Sick Children, Toronto), to A. H. Abernethy, Ph.M.B. Mr. and Mrs. Abernethy will live at Dayton Beach, Florida.

Archibald-Prout—In Portage la Prairie, Manitoba, on February 4th, 1924, Miss Carrie J. Prout, Reg. N. (Regina General Hospital, 1921), to Mr. Ellwood N. Archibald, of Brookfield, N. S. Mr. and Mrs. Archibald sailed on February 23rd for Rangoon, India.

Delgarno-Donaldson—Recently, at the Presbyterian Church, Prince Rupert, Mrs. Donaldson (Royal Infirmary, Glasgow, Scotland), to Mr. George Delgarno. They are to reside in Los Angeles, Calif.

Dichmont-Fraser—On February 11th, 1924, at the Kerrisdale Presbyterian Church, Kerrisdale, B.C., Ruth Olive Fraser (Vancouver General Hospital), to Mr. A. R. Whittall, of Montreal.

Garnett-Makepeace—At Victoria, B. C., on September 4th, 1923, Miss Edythe E. Makepeace, Reg. N. (Regina General Hospital), to Mr. G. Grant Garnett, of Mill Bay, V. I., B. C.

Hawkins-Bradley—In September, 1923, at Orillia, Ont., by the Rev. H. N. McGillivray, Annie M. Bradley (Orillia General Hospital, 1921), to Mr. Alfred Hawkins.

Luke-Laxdal—In the Evangelical Lutheran Church, Saskatoon, on September 20th, 1923, Miss Lenora Laxdal, Reg. N. (St. Paul's Hospital, Saskatoon, 1923), to Rev. Wm. H. Luke, of Calgary, Alberta.

McDiarmid-McPhee—Recently, at Ottawa, Anna V. McPhee (Orillia General Hospital, 1912), to Mr. George J. McDiarmid, of Carlton Place.

McEvoy-Danis—At Ottawa, Ont., on October 17th, 1923, E. K. Danis (Ottawa General Hospital, 1922), to Ambrose McEvoy, of Ottawa.

Mundie-Stewart—In September, 1923, at Uptergrove, Ont., Eva Maude Stewart (Orillia General Hospital, 1915), to Robert G. Mundie, of Udney, Ont.

Rush-Book—At Grimsby, Ont., on December 27th, 1923, Reitta B. Book (Wellesley Hospital, Toronto, 1911), to Dr. J. W. Rush, Toronto.

Spencer-Hignman—On December 20th, 1923, Florence Hignman (St. Paul's Hospital, Vancouver, 1917), to Mr. Harry Spencer.

Willsher-Burns—At Pembroke, Ont., on November 27th, 1923, Mary A. Burns (Ottawa General Hospital, 1921), to Frederick Willsher, of Ottawa, Ont.

DEATHS

Carlyle—Suddenly, at the Toronto General Hospital, Helen Carlyle, nee Cringan (Toronto Western Hospital, 1920), on Sunday, February 3rd, 1924.

Rankin—Entered into rest, Sunday, February 3rd, 1924, Frances Eleanor, daughter of the late Joseph and Mary Rankin (graduate of St. Joseph's Hospital, London, Ont.).

Lucas—At her home in Ottawa in January, 1924, Marjory Lucas (Marjory Hunter, Hospital for Sick Children, Toronto, 1917).

GOOD TEETH

Good teeth are determined before a child is born and the chances are, even without the use of a toothbrush, teeth that are originally sound and well will remain sound for many years. The toothbrush does not make good teeth. They are developed the same as any other part or organ of the body, and if they are not well constructed and sound, it will be found that the use of a toothbrush until doomsday will not save them.

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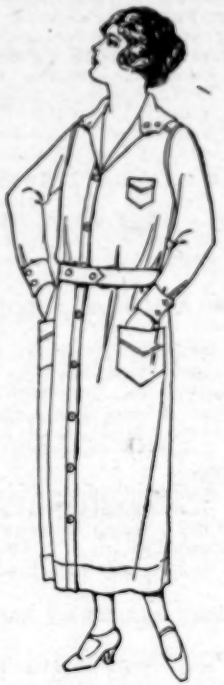

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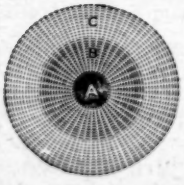

Diagram represents inflamed area. In zone "C" blood is flowing freely through underlying vessels. This forms a current away from the Antiphlogistine, whose liquid contents, therefore, follow the line of least resistance and enter the circulation through the physical process of endosmosis. In zone "A" there is stasis, no current tending to overcome Antiphlogistine's hygroscopic property. The line of least resistance for the liquid exudate is therefore, in the direction of the Antiphlogistine. In obedience to the same law exosmosis is going on in this zone, and the excess of moisture is thus accounted for.

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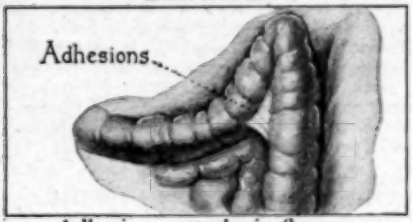

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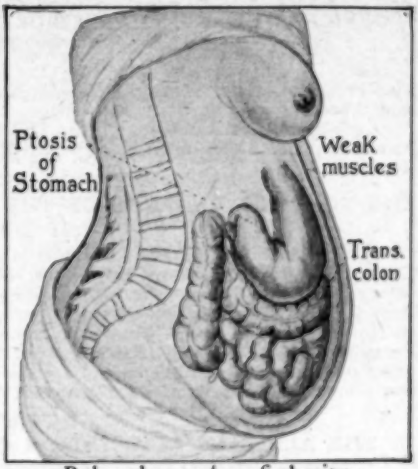

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Representatives to Local Council of Women—Miss Nally, 213 Cannon Street, East; Miss Egan, Alexander Apartments, King Street, East.

Sick Committee—Miss Brunning, 168 Walnut Street; Miss Weishar, 55 Catharine Street, South.

Representative to Central Registrar—Miss Murray, 21 Gladstone Avenue.

Executive Committee—Miss Boyes, 17 East Avenue, South; Miss Grant, Alexander Apartments, King Street, East; Miss Blatz, 179 Charlton Avenue, East; Miss Cartmell, 179 Charlton Avenue, East; Miss Himmen, 168 Walnut Street, South.

Corresponding Secretary—Miss Bedford, 2 Holden Apartments, Barton Street, East.

Private Duty Nurse Representative—Miss Murray, 21 Gladstone Avenue.

HAMILTON CHAPTER OF THE GRADUATE NURSES' ASSOCIATION OF ONTARIO

Chairman, Miss H. R. Macdonald, 38 Herkimer Street, Hamilton; Vice-President, Miss Grace Fairley, Hamilton General Hospital; Secretary, Miss Service, 25 Arthur Avenue, Hamilton; Treasurer, Miss Betty Aitken, 549 Main Street, East, Hamilton.

Executive Committee—Miss Hulme, 164 Bay Street, South; Miss Carroll, 774 King Street, East; Miss McPherson, Hamilton General Hospital.

Representatives to the Local Council of Women—Misses Laidlaw and McPherson.

ALUMNAE ASSOCIATION OF THE OWEN SOUND GENERAL AND MARINE HOSPITAL

Honorary President, Miss J. K. McArthur; President, Miss Sein, 860 Third Avenue, E., Owen Sound, Ont.; 1st Vice-President, Miss Lynn; 2nd Vice-President, Miss O. Stewart; Secretary-Treasurer, Miss Edna Johnson, G. & M. Hospital, Owen Sound.

Sick Visiting Committee—Miss Rusk (Convenor), Mrs. F. Garrett, Mrs. D. McMillan.

Private Duty Committee—Miss A. Sitzer, 531 Third Avenue, Owen Sound.

Programme Committee—Miss O. Stewart (Convenor), Miss I. Forhan, Miss E. Webster.

Press Representative—Miss D. Findlay.

THE ALUMNAE ASSOCIATION OF THE HAMILTON GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES

Honorary President, Miss Grace Fairley, Hamilton General Hospital; President, Miss Minnie Pegg, 80 Grant Avenue; Vice-President, Miss Isabelle McIntosh, 353 Bay Street, South; Secretary, Miss Nora McPherson, Hamilton General Hospital; Treasurer, Miss Fish, Hamilton General Hospital; Corresponding Secretary, Miss Godden, Hamilton General Hospital.

"Canadian Nurse" Correspondent—Miss R. Burnett, 33 Spadina Avenue.

Executive Committee—Miss Mary Kennedy, 597½ King Street, East; Miss C. Waller, 597½ King Street, East; Miss A. Kerr, 83 Grant Avenue; Miss C. Kerr, 83 Grant Avenue; Miss Blanche Binkley, 30 Ontario Avenue.

Representatives to National Council of Women—Miss E. Taylor, 35 West Avenue, South; Miss Burnett, Miss B. Aitken.

Representatives to Central Registry—Miss A. Kerr, Miss Binkley, Miss Waller, and Miss Elsie Maine.

Sick Committee—Miss A. P. Kerr, Miss M. E. Dunlop, Miss R. Burnett, Miss Ainslie, and Miss Kate Peart.

ALUMNAE ASSOCIATION OF THE BRANTFORD GENERAL HOSPITAL

Honorary President, Miss M. Forde, Superintendent Brantford General Hospital; President, Miss Hope Dieringer, 67 Sheridan Street; Vice-President, Miss W. D. Wiley, 164 Park Avenue; Secretary, Miss J. E. Martin, 154 Rawdon Street; Assistant Secretary, Miss E. McKay, 121 Market Street; Treasurer, Miss F. Westbrook, 367 Park Avenue.

Gift Committee—Misses S. Livett and C. McMasters.

Social Convenor—Mrs. Caton, 124 Rawdon Street.

Flower Committee—Misses C. Kelly and McKee.

Press Representative—Miss A. Hough.

"Canadian Nurse" Representative—Miss C. B. Good, R.R. No. 4, Paris, Ont.

Meetings held at the Nurses' Residence, first Tuesday.

ALUMNAE ASSOCIATION OF THE MACK TRAINING SCHOOL, GENERAL AND MARINE HOSPITAL, ST. CATHARINES, ONT.

Honorary President, Miss L. Uren, C. and M. Hospital, St. Catharines; President, Mrs. Parnell, 124 Lake Street, St. Catharines, Ont.; Vice-President, Miss Marriott, Berryman Avenue; Secretary, Miss E. Rawlings, G. and M. Hospital; Treasurer, Mrs. W. Durham, R.R. No. 4; Auditors, Miss A. Calvin and Miss F. L. Cowley.

"Canadian Nurse" Magazine Representative—Miss E. M. Armbrust.

Programme Committee—Misses A. Moyer, M. Stevens, F. Cowley, A. Calvin, B. Kennedy, and Mrs. Leo Brett.

Regular Meeting—Last Tuesday, 2.30 p.m.

THE ALUMNAE ASSOCIATION OF THE AMASA WOOD HOSPITAL TRAINING SCHOOL FOR NURSES, ST. THOMAS, ONTARIO

Hon. President, Miss L. Weldon; Hon. Vice-President, Miss L. Armstrong; President, Miss L. Crane; Vice-President, Miss Y. Birt; Secretary, Miss L. Parker; Treasurer, Mrs. R. W. Stevenson.

Executive Committee—Misses Vollett, Bennett, Bell, Grant and Coulthard.

Representative to "Canadian Nurse"—Miss H. Hastings.

SARNIA GENERAL HOSPITAL ALUMNAE

Hon. President, Miss K. Scott, Superintendent S.G.H.; President, Miss M. Lee; Secretary, Mrs. H. Shanks, London Road, Sarnia; Treasurer, Miss Noble; Correspondent for "Canadian Nurse," Miss J. B. Taylor, R.R. No. 2, Camlachie, Ont.

THE ALUMNAE ASSOCIATION OF ST. JOSEPH'S HOSPITAL, CHATHAM, ONTARIO

Honorary President, Sister M. Baptist; Honorary Director, Sister M. Paschal; President, Miss Hazel Gray; Vice-President, Miss F. Richardson; Secretary, Miss U. Gormly, Wallaceburg, Ont.; Treasurer, Miss Delorme, Chatham.

Representative to "Canadian Nurse" Magazine—Miss Anna Curry.

Sick-Visiting Committee—Mrs. Patterson, Misses McIlgargey and E. Mann.

Regular Meeting—First Monday of each month.

THE THUNDER BAY GRADUATE NURSES' ASSOCIATION, FORT WILLIAM AND PORT ARTHUR, ONT.

Hon. President, Mrs. J. E. Cook; Hon. Member, Sister Francis; President, Miss M. Milne, Port Arthur; Hon. Vice-President, Mrs. B. M. Harvey; 1st Vice-President, Miss S. M. McDougall, Port Arthur; 2nd Vice-President, Mrs. W. J. Sterrett, Port Arthur; 3rd Vice-President, Mrs. Hancock, Fort William; Secretary, Miss Eva Hubman, Fort William; Treasurer, Miss T. E. Gerry, Fort William.

Social Committee—Mrs. O'Leary, Mrs. W. Young, Misses Saunders and Wocker.

Visiting and Flowers Committee—Mrs. Wark, Mrs. Morton, Mrs. Edwards, Mrs. Millar and Miss Forbes.

Private Duty—Miss Fortune, Miss C. M. McLeod.

Membership Committee—Miss McDougall, Mrs. Wark, Miss Saunders, Mrs. Millar.

"Canadian Nurse" Representatives—Mrs. McCallum, Port Arthur; Mrs. Edwards, Fort William.

THE ALUMNAE ASSOCIATION OF THE WOODSTOCK GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES

Hon. President, Miss Frances Sharpe; President, Miss Gladys Mill, R.N.; Vice-President, Miss Winnifred Higgins, R.N.; Recording Secretary, Miss M. H. Mackay, R.N.; Assistant Secretary, Miss Annie Hill, R.N.; Corresponding Secretary, Miss Gladys Jefferson, R.N.; Treasurer, Miss Evelyn Pears, R.N.

Regular Monthly Meeting—Second Monday, 8 p.m.

THE SAULT STE. MARIE GENERAL HOSPITAL ALUMNAE ASSOCIATION.

Honorary President, Rev. Sister M. Dorothea; President, Miss M. Delaney; First Vice-President, Mrs. J. O. Driscoll; Second Vice-President, Miss S. Kehoe; Secretary-Treasurer, Miss Mae Marshall, General Hospital, Sault Ste. Marie, Ontario.

THE ALUMNAE ASSOCIATION OF ST. BONIFACE HOSPITAL, ST. BONIFACE, MANITOBA

Honorary President, Rev. Sister Gallant, St. Boniface Hospital; President, Miss Stella Gordon, 251 Stradbrook Avenue, Winnipeg; First Vice-President, Miss Kate Wymbs, King George Hospital; Second Vice-President, Mrs. George McDonald, No. 1 Vaughan Street; Secretary, Miss A. Racine, 34 Valado Street; Treasurer, Miss Theresa O'Rourke, 119 Donald Street.

Convenor of Social Committee—Miss Chafe.

Convenor of Sick Visiting Committee—Miss G. Comartin.

Representative to "Canadian Nurse"—Miss Theresa Fitzpatrick, 753 Wolseley Ave.

Representative to Registrar—Miss A. Starr, 753 Wolseley Avenue.

THE MANITOBA ASSOCIATION OF GRADUATE NURSES

President, Miss Wilson, 798 Grosvenor Ave. (F. 6502); First Vice-President, Miss Johnstone, Superintendent of Nurses, Brandon General Hospital; Second Vice-President, Miss Martin, Superintendent of Nurses, Winnipeg General Hospital (N. 7681); Third Vice-President, Sister Gallant, Superintendent of Nurses, St. Boniface Hospital (N. 1121); Recording Secretary, Miss Carruthers, Nurses' Residence, Wolesley Ave. (B. 620); Corresponding Secretary, Miss Gordon, 251 Stradbrooke (F. 6339); Treasurer, Miss Wilkins, Bureau of Child Welfare.

THE GRADUATE NURSES' ASSOCIATION OF BRANDON

Honorary President, Miss E. Birtles, Alexander, Man.; President, Mrs. Pierce, 1608 Lorne Avenue, Brandon; Vice-President, Miss M. Gemmill, 16th Street, Brandon; Secretary, Miss K. Finlayson, R.N., General Hospital, Brandon; Treasurer, Miss Lamb, R.N., Bigelow Clinic, Brandon.

Sick Visitor—Mrs. Kidd, Imperial Apartments, Brandon.

Registry and Eligibility Committee—Convenor, Miss C. McLeod, R.N., Hospital.

Social Committee—Convenor, Miss J. Stothart.

Press Representative—Mrs. Robert Darrach, 431 Victoria Avenue.

THE GRADUATE NURSES' ASSOCIATION OF MOOSE JAW, SASK.

Honorary Advisory President, Mrs. Harwood, 430 Athabaska W.; Honorary President, Mrs. Humber, 662 Stadacona W.; President, Miss H. Riddell, 813 Second N.E.; 1st Vice-President, Miss Eisele, Superintendent General Hospital; 2nd Vice-President, Miss Shepherd, York Hospital; Secretary-Treasurer, Miss C. M. Kier, Y.W.C.A.; Press Representative, Mrs. Lydiard, 329 Third N.E.; Social Service Committee, Mrs. Hedley, 1155 Grafton; Convenor Finance Committee, Miss Lind, 176 Hochelaga W.; Convenor Educational Committee, Mrs. Metcalf, 37 Hochelaga W.; Convenor Social Committee, Miss Clarke, General Hospital; Convenor Registration Committee, Miss L. Wilson, 1159 Alder Avenue; Convenor of Constitution and By-laws Committee, Miss Hunter, Cottage Hospital.

SASKATCHEWAN REGISTERED NURSES' ASSOCIATION

Incorporated March, 1917

President, Miss R. M. Simpson, Department of Education, Regina; First Vice-President, Miss E. Eisele, General Hospital, Moose Jaw; Second Vice-President, Sister Mayer, St. Paul's Hospital, Saskatoon; Secretary-Treasurer, Miss Mabel F. Gray, 2331 Victoria Avenue, Regina.

Councillors—Miss M. Montgomery, Sanitarium, Fort Qu'Appelle; Mrs. Feeney, School Hygiene Staff, Yorkton.

THE EDMONTON GRADUATE NURSES' ASSOCIATION

President, Miss Brightly; First Vice-President, Miss Olive Ross; Second Vice-President, —— ——; Secretary, Mrs. Bonneau, 10224—107th Street, Edmonton; Treasurer and Registrar, Mrs. J. Lee, 9928—108th Street.

Convenor of Sick and Flower Committee—Miss E. McRae.

Convenor of Social and Programme Committee—Miss B. McGillivray.

Representative to "Canadian Nurse"—Mrs. M. A. Boyce, 9528—106th Street.

MEDICINE HAT GRADUATE NURSES' ASSOCIATION

President, Miss E. M. Auger, General Hospital; First Vice-President, Mrs. John Hill, 268—8th St., S.E.; Second Vice-President, Mrs. F. W. Gershaw, 826—2nd St., S.E.; Treasurer, Miss A. L. MacPherson, General Hospital; Secretary, Miss E. G. McNally, General Hospital.

Executive Committee—Mrs. H. C. Dixon, 816—2nd St., S.E.; Mrs. R. Hayward, 241—3rd St., S.E.; Miss A. Nash, Isolation Hospital.

Flower Committee—Mrs. C. A. Anderson, 335—1st St., S.E.

"Canadian Nurse" Correspondent—Miss M. Davidson, 27—4th St., S.W.

"Canadian Nurse" Representatives—Mrs. R. Hayward, 241—3rd St., S.E.; Miss E. G. McNally, General Hospital.

Regular Meeting—First Monday in each month.

CALGARY ASSOCIATION OF GRADUATE NURSES

Honorary President, Mrs. Stuart Brown, 2417—14th Ave., W.; President, Mrs. A. H. Calder, 510—10th St., W.; First Vice-President, Miss Dewar, 326—18th Ave., W.; Second Vice-President, Miss Willison; Recording Secretary, Miss Fraser; Corresponding Secretary, Miss Olin, 2012—2nd St., W.; Treasurer, Miss N. B. D. Hendrie, 1314—4th St., W.; Registrar, Miss M. E. Cooper, 1412—1st St., W.

Delegates to L.C.W.—Mrs. R. P. Stuart, Miss Agnes Kelly, and Miss Dewar.

Sick Committee—Misses Ashe and Ballard.

Finance Committee—Misses Agnes Kelly and Maclear.

Books Committee—Misses Quance and McLear.

Entertainment Committee—Miss Cooper.

Committee for "Canadian Nurse" Magazine Subscriptions—Misses Cooper and Phillips.